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REVIEW PAPER

Exploring the ageless wisdom of Assamese health practices within the framework of the Bhartiya knowledge system

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ABSTRACT

The intricate web of traditional Assamese health practices is examined in this study, focusing on the critical elements related to pregnancy and labour. Putting these customs in the larger context of the Bhartiya Knowledge System, the research seeks to reveal the profoundly timeless knowledge ingrained in Assamese cultural heritage. The study employs a descriptive methodology and relies extensively on oral history to capture the subtle insights transferred over centuries. Furthermore, by offering scientific explanations for certain Assamese health practices, the study closes the gap between tradition and modernity. By integrating conventional wisdom with cutting-edge medical research, the study offers insights into the potential efficacy of these old practices in contemporary healthcare. This research's multidisciplinary approach bridges the gaps between medical science, oral history, and cultural studies to provide a comprehensive knowledge of Assamese health practices.

Keywords: Assamese; Bhartiya; Pregnancy; Health; Traditions.

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INTRODUCTION

Across cultures and civilisations, pregnancy has been venerated and handled with great care as a transformational and sensitive moment in a woman's life. Assamese traditional health practices are like pillars in the rich fabric of Bhartiya knowledge systems, carrying a wealth of wisdom passed down through the years. This study explores the importance of traditional Assamese health knowledge during pregnancy and its possible applicability in the contemporary day. Based on the larger Bhartiya Knowledge System framework, this research explores the oral history and distils the core of traditional customs that have supported communities

for generations. Within the field of maternal health, Assamese customs provide a distinctive fusion of traditional knowledge, cultural values, and valuable strategies. Felisian et al. state that the widespread use of sociocultural practices characterises the peripartum phase.¹ Knowing the Bhartiya Knowledge System's perspective on pregnancy helps us comprehend the holistic approach that considers the physiological changes during pregnancy and the emotional, spiritual, and cultural aspects of this life-changing time.

Choudhry argues that certain beliefs about what makes for a successful pregnancy exist in all cultures.² It is critical to acknowledge the significance

of Assamese traditions given the global interest in traditional knowledge systems, particularly concerning maternal well-being. Hazarika mentions that Assam is uniquely positioned in India's politics due to its socio-political culture based on cultural, ethnic, and linguistic diversity.³ The northeastern Indian state of Assam is known for its multi-ethnic composition, reflected in its health care customs. For many years, the Assamese people have depended on a comprehensive care method for expectant mothers, incorporating traditional ceremonies, folk medicine, and Ayurveda. To better understand how these behaviours affect expecting mothers' general well-being, this study will both chronicle and analyse them. These behaviours demonstrate the cultural continuity between the past and the present, highlighting the flexibility and persistence of traditional knowledge. Incorporating indigenous health practices from Assam into the more extensive Bhartiya Knowledge System is the central focus of this study. This approach, rooted in antiquated literature and philosophies like Ayurveda, includes a thorough grasp of spirituality, life, and health.

We aim to investigate the mutually beneficial link between regional variation and a cohesive approach to maternal well-being by placing Assamese practices within this broader framework. The Indian Traditional Knowledge System offers a comprehensive perspective that helps us understand how different health traditions throughout the subcontinent are interrelated. Oral history is an excellent medium for this study since traditional practices are historically based and frequently occur in rural areas. Addis and Schlimme point out that oral history is a well-established research approach. The testimony of witnesses to historical events provides historians with unique insights. Oral history allows for the revaluation of marginalised historical issues.⁴ We aim to convey the subtleties and complexity of Assamese antenatal, intra-natal and post-natal health practices through discussions with elders, regional healers, and women who have personally experienced these customs. A living archive of information, oral history transcends the constraints of written documents and textbooks. Oral history accounts offer valuable insights not just into the practices themselves but also into the cultural settings, belief systems, and personal experiences of women along their journey as mothers.

The value of conventional health knowledge may be undervalued at a time when medical breakthroughs and technology dominate. However, with the recognition of the value of patient-centred care and holistic approaches in the global healthcare scene, there is an increasing interest in the wisdom ingrained in tried-and-true methods. By exploring how Assamese health knowledge during pregnancy may provide valuable insights and complementing views to current maternal healthcare practices, this study seeks to bridge the gap between tradition and modernity. We anticipate discovering a wealth of knowledge as we begin investigating maternal health within the Bhartiya Knowledge System via the prism of Assamese traditions. This will improve our comprehension of pregnancy and further the ongoing conversation regarding assimilating traditional knowledge into contemporary healthcare paradigms. Through this descriptive study, we want to establish a link between the past and the present, promoting a more profound understanding of the cultural legacy that persists in influencing the health of mothers in Assam and maybe elsewhere.

Traditional birth attendance system

According to Bhat and Nayar, the National Family Health Survey IV data from 2015–16 reveals that only 78.9% of births in this nation take place in hospitals with the assistance of trained birth attendants; this implies that 21% of pregnant mothers continue to use the conventional method. In India, institutional childbirth is the cornerstone of maternity care. However, securing institutional births on its own is insufficient because giving birth in a hospital does not equate to a safe delivery.⁵ The custom of having skilled community members, known as Traditional Birth Attendants (TBAs), attend births is ingrained in India's rich and varied cultural heritage and has been for generations. Before the development of contemporary obstetric facilities and up to the launch of NRHM in 2005, these practitioners, often women with in-depth knowledge of regional traditions and traditional healing techniques, were essential in helping expectant mothers get the care and support they needed. Their significance persisted even after the National Rural Health Mission (NRHM) was founded in 2005. Accredited Social Health Activists (ASHA) were appointed to fill the gap between the

public health system and the community. Traditional Birth Attendants, subsequently upgraded to Trained Birth Attendants, have traditionally been the primary caretakers during delivery, and they have a wealth of information passed down through the years.

They served as the community's core members, supporting women during their pregnancies and deliveries with practical assistance and emotional and spiritual support. However, the NHM sought to enhance mother and child health outcomes with its community-centric approach in response to the growing realisation of the need for standardised and medically supervised care. ASHAs were trained to promote community involvement and institutional delivery since they were crucial to achieving this goal. With the ASHA program, maternity healthcare strategies witnessed a significant shift by creating a linkage group of community health workers. These people have been selected from the neighbourhood and have the communication skills necessary to act as a bridge between the community and healthcare providers. They were instrumental in promoting institutional births, educating the public about the value of prenatal care, and ensuring that expectant mothers were signed up for routine checkups. According to Ashtekar, NRHM has a system that offers incentives for institutional births (as well as family planning). This is not healthy or sustainable, as it was observed that couples in India decided to have more children to get incentives. Therefore, there will be home births for a while to come.⁶

ASHAs fostered a direct connection between the official health system and the different populations they served, thereby becoming the new face of community healthcare. Joshi and George point out that the NRHM sees the ASHA worker as a liaison between the community and the healthcare system.⁷ There is still a sizable portion of the population that prefers home births despite the efforts of NHM and ASHA. This inclination is influenced by cultural, societal, and economic considerations since many women feel more at ease and familiar with giving birth in the seclusion and warmth of their own homes. The long-standing custom of home births is strengthened by customs, rituals, and the presence of family members during childbirth, all of which have enormous cultural value. The role of TBAs is still significant in this context. Despite not being formally incorporated into

contemporary healthcare systems, the trained birth attendance system remains a separate and frequently complimentary service. Due to their experience, familiarity with the region, and ability to provide care in a comfortable setting, TBAs continue to be sought after by a large number of women, especially in rural and isolated places. It should be noted that this system is supposed to exist as a complementary effort along with modern health science.

The TBAs play an essential role in fostering cultural resilience and community trust, but they also present difficulties in guaranteeing safe, medically monitored births. Adhering to contemporary norms of maternity care while utilising TBAs' knowledge is made possible by integrating them into the formal healthcare system. Recognising and appreciating customary practices and their integration into modern healthcare systems can be achieved via cooperative endeavours that balance cultural sensitivity with medical needs. India's maternity healthcare system is a patchwork quilt containing elements of both tradition and modernity. The shifting narrative in healthcare is seen in the shift from traditional birth attendance to institutional births aided by ASHAs. Recognising the ongoing preference for home births, it is essential to strike a careful balance between honouring local customs and protecting the health and welfare of pregnant women and their babies. The conversation between conventional and contemporary systems can provide an all-encompassing, culturally aware strategy that attends to the various demands of women throughout the country.

Lessons for the antenatal period

A critical time in a woman's life is the prenatal period, which lasts from conception until birthing. According to Hoobler, there is enough evidence to suggest that the mother's nutritional status at conception and the type and quantity of food she consumed during her pregnancy have an impact on the foetus's health and the gestational result.⁸ Assamese traditional health practices represent a harmonic fusion of scientific principles and cultural understanding. These traditions, which have their roots in indigenous wisdom, provide a comprehensive approach to the well-being of mothers by including food restrictions, physical exercise, and psychological support. In Assamese customs, expecting

mothers' diets are closely monitored. Some foods—like papaya and pineapple, are prohibited because of their historical link to possible abortifacient effects. Some of these preventive precautions are supported by current research, even if they appear to have their roots in folklore. Papain, for instance, is an enzyme that can be harmful to a developing foetus when present in high concentrations. According to Adebisi et al., eating unripe or semi-ripe papayas during pregnancy may be dangerous due to their high latex content, which causes noticeable contractions in the uterus.⁹ Conversely, bromelain, found in pineapple, has mainly been connected to uterine contractions. According to Chakraborty et al., the most common side symptoms of a bromelain overdose that have been documented are nausea, vomiting, diarrhoea, heart palpitations, digestive issues, lethargy, exhaustion, bodily pain, disorientation, and weariness. There is also a chance of excessive menstruation and uterine haemorrhage. Bromelain in any form should not be used by anybody with peptic ulcers or any other digestive issues; instead, they should speak with medical authorities before consuming bromelain.¹⁰ While the scientific evidence is inconclusive, the precautions used are consistent with the cautious philosophy advocated by modern obstetric care.

Furthermore, the focus on soft, easily digestible traditional household meals and the prohibition of strenuous lifting acknowledge the physiological changes during pregnancy. The body can get strained by heavy lifting, particularly the lower back, which is already strained from the expanding uterus. According to a study, lifting weights weighing more than or equal to 12 kg more than 50 times a week raised the chance of preterm delivery.¹¹ Preference for readily digested meals addresses frequent pregnancy-related issues like nausea and heartburn by ensuring a nutrient-rich diet without adding to the strain on the digestive system. Pregnant women should be encouraged to walk daily following current healthy lifestyle guidelines. Walking is the most popular physical activity (PA) during pregnancy, according to Connolly et al., and it has several health advantages for both the mother and the unborn child. While national campaigns have emphasised the value of walking generally, pregnant women, the majority of whom do not exercise enough, have received less attention.¹²

Walking is a low-impact activity that helps maintain a healthy weight, strengthens the heart, and reduces typical pregnancy-related discomforts, including swelling and back pain. Completing light housework improves physical health and allows for appropriate mobility and flexibility, lowering the likelihood of problems. An intriguing nexus of custom and nutritional science arises with the introduction “Panch-Amrit” (5 Amrit) during the fifth month of pregnancy. Healthy fats, proteins, and carbs are vital from ghee, honey, Kheer, and cream-based desserts. Ghee, in particular, has a wealth of fat-soluble vitamins, such as A and E, critical for embryonic growth. When deficient populations take vitamin A supplements during pregnancy, there is a significant decrease in maternal postpartum infections and a reduction in low serum retinol levels, nutritional anaemia, and night blindness.¹³ Another study mentions that Preterm delivery, hypertension, and low birth weight are all significant adverse effects of pregnancy on the mother or the newborn that have been linked to oxidative stress. If taken at the correct level during pregnancy, vitamin E, and more especially RRR- α -tocopherol, has strong antioxidant properties that might help reduce these risks.¹⁴

Antioxidant-rich honey and dairy-based items like Kheer provide essential calcium for the foetus's growing bones. For healthy physiological function, calcium is essential, especially for pregnant women and foetuses. The elevated need for calcium by the foetus during pregnancy affects the bone density of the unborn child and the mother's bone turnover.¹⁵ The incorporation of these components shows a sophisticated comprehension of the dietary requirements at various phases of gestation. Traditional Assamese rituals involve serving pounded rice, called “Pithaguri,” with milk, jaggery, and bananas wrapped in banana leaves when the pregnancy enters its seventh month. This combination is healthy in terms of nutrition as well as cultural significance. Protein and calcium are consumed through milk, while carbs are obtained from ground rice. Iron and other minerals essential for foetal and maternal health may be found in jaggery, a natural sweetener. Potassium-rich bananas help manage blood pressure, which is essential to consider when pregnant. Potassium typically penetrates cells more quickly and starts the exchange of potassium-sodium across

cell membranes. This sodium-potassium flow in the nerve cells creates the potential gradient needed for the conduction of nerve impulses, which in turn starts the contraction of muscles and controls the heartbeat.¹⁶ Traditional Assamese health practices emphasise psychological support and physical well-being.

Steamed rice crushed up and offered as “Bhat-Pitha” signifies nurture and compassion. The significance of emotional health during pregnancy has been scientifically proven. In addition to improving a woman’s pregnancy experience, stress management and emotional support may have long-term effects on the health of her unborn child. The prenatal care methods used in Assam demonstrate a careful balancing act between custom and modern scientific knowledge. Some traditions demonstrate a sophisticated understanding of the dietary demands throughout various pregnancy stages, while others align with the precautions recommended by contemporary obstetrics. Acknowledging the significance of these traditions enhances our comprehension of maternity care and creates opportunities for cooperative endeavours that merge traditional knowledge with scientifically supported medical treatment. There is a chance to develop a holistic strategy that values cultural heritage and puts the health and welfare of expecting women in traditional Assamese society.

Practices during delivery

In Assam, giving birth is a medical procedure and a deeply rooted family and cultural ritual. During this critical period, Assamese traditional health practices combine age-old knowledge with helpful guidance to create a setting that supports both a safe delivery and a fulfilling childbirth experience. Preparing an open place by bed removal characterises Assamese traditional birthing procedures. This seemingly unorthodox method stems from the idea that a bed impedes the body’s natural energy flow during labour. Instead, an open area is made, frequently equipped with a pole and rope for the woman to grab while giving birth. This method contributes to the ordinary course of delivery and aligns with the current understanding of the advantages of mobility and flexibility of posture during labour. In Assamese culture, providing a clean and pleasant atmosphere for both mother and infant is very important. Sufficient soft, clean, and pre-warmed

clothes are prepared using cotton Dhuti, Lungi, and Sador pieces to receive the newborn.

Cultural attention to hygiene and a bond with nature may be seen in using banana leaves to receive the infant, a new blade to cut the cord, and a cord tie made of “Suta” (thread). It emphasises maintaining clean delivery practices during birthing to prevent infection. A study found that sepsis, which accounts for 15% of all newborn fatalities and 1 in 10 maternal deaths, is a significant factor in both maternal and neonatal mortality. A life-threatening organ malfunction brought on by infection during pregnancy, delivery, the post-abortion period, or the postpartum phase is known as maternal sepsis. Neonatal sepsis is an infection in the newborn’s blood that is passed from mother to child during childbirth or in the setting where the baby is being cared for after birth. Early onset neonatal sepsis, in particular, occurs within the first seven days of life.¹⁷ There are several benefits to making a bed on the ground with “Dhankher” (thatch). It guards against the possibility of falling from a higher bed and gives the mother a warm and cosy surface. This is in line with current guidelines that emphasise the need for a secure and pleasant location for giving delivery. There are two reasons why the firewood is always burning in the room. In addition to its evident function as warmth, it is firmly ingrained in cultural values. Based on specific information from trained birth attendants, “jui-saal” (arranged in a separate room) helps maintain room temperature. Another important aspect is that the separate arrangements restrict unwanted attendance by people (preventing infection to the infant) during the post-natal period.

From a contemporary standpoint, keeping the room warm can help the mother feel more comfortable overall and control the newborn’s body temperature. A cultural emphasis on shielding the infant from any infections is reflected in the isolation of the mother during the early postpartum phase. This procedure complies with current medical recommendations, acknowledging that babies are susceptible to infections and that keeping the postpartum period clean and under control is critical. A habit ingrained in the relationship between mother and child is the newborn’s constant clinging to the mother’s lap. This approach reflects the current understanding of the value of early skin-to-skin contact in fostering bonding and making breastfeeding

more likely. The infant is given meticulous care, which includes washing with soft clothing and massaging the infant with coconut oil. This behaviour is indicative of a culture that values hygiene and food. Research has shown that natural oils applied topically and mild cleansing suit a newborn's skin since they preserve its natural defences.

Newborns frequently have low vitamin D status, especially in temperate latitudes where there is evidence that maternal vitamin D insufficiency poses a significant danger since the neonate depends entirely on the transfer of vitamin D from the mother to the foetus.¹⁸ The newborn's exposure to sunlight is consistent with cultural views on the therapeutic benefits of sunlight. This approach is supported by current research, as exposure to sunshine promotes the synthesis of vitamin D, vital for healthy bones and general well-being. Extended family members and neighbours express love and affection to the baby during the newborn's exposure to sunlight. This custom highlights the network of social support that envelops the new family and represents the social aspect of childbirth in Assam. Traditional birthing techniques in Assamese culture exhibit a well-balanced fusion of pragmatic factors and cultural values. Certain rituals align with modern medical advice, while others provide exciting perspectives on Assam's cultural diversity and community-focused delivery aspect. A comprehensive approach to maternity care that incorporates evidence-based healthcare concepts and respects cultural heritage is fostered by acknowledging and comprehending these traditions.

CONCLUSION

Examining Assamese health practices through the lens of the Bhartiya Knowledge System uncovers an intricate web of timeless knowledge closely entwined with the region's scientific and cultural values. The emphasis on conventional prenatal care, especially during the antenatal and delivery stages, illuminates a comprehensive strategy that transcends simple medical procedures. Traditional Birth Attendance System is seen as an essential part of maintaining the health of the mother and the child within Assamese culture. The impressive thing about Assamese health practices is how well traditional wisdom is incorporated with a scientific basis. The study explores the scientific

justification for these traditional methods, revealing a convergence of traditional wisdom with contemporary comprehension. Oral history can help rediscover the effectiveness of several traditional practices—like food, herbal medicines, and postpartum care—highlighting their applicability and longevity.

In their quest for comprehensive mother and child healthcare policies, healthcare practitioners and policymakers can consider this unique perspective provided by the synthesis of tradition and science. In the framework of Assamese health practices, the Traditional Birth Attendance System becomes a fundamental component of the culture. Involving seasoned elders and community members in the birthing process symbolises a generational wisdom transfer and the communal spirit. This technique gives the expecting woman emotional and psychological assistance by fostering a sense of familiarity and trust. To bridge the divide between traditional medical practices and indigenous wisdom and promote a more inclusive and culturally aware healthcare environment, it is imperative to acknowledge and value the role played by traditional birth attendants. There is a chance that necessary knowledge passed down through the centuries will be lost when Assam experiences significant socioeconomic and cultural change.

This knowledge must be documented and incorporated into modern healthcare systems to preserve the essence of Assamese health practices for the coming generations. In addition to paying homage to the area's rich cultural legacy, this preservation offers healthcare workers a valuable tool for gaining a more comprehensive understanding of mother and child health. The study of Assamese health practices adds to the patchwork of many Indian health traditions within the larger framework of the Bhartiya Knowledge System. A more complex and adaptable national healthcare policy may be developed by considering the regional quirks and cultural importance ingrained in these practices. Such traditional wisdom would be a valuable addition to the Bhartiya Knowledge System, which emphasises holistic well-being and reinforces the notion that health is a balanced combination of mental, physical, and social aspects rather than just the absence of sickness.

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