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| 2339-1162 (Print) | 2550-1011 (Online) |

Article

A Cultural Bridge Between Oral Traditions and Health Perspectives in Acehnese Maternal Taboos

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SUBMISSION TRACK

Received: April 24, 2026
Final Revision:August 07, 2026
Accepted: August 08, 2026
Available Online: August 10, 2026

KEYWORDS

Acehnese society, local wisdom, maternal health care, oral tradition, taboos

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A B S T R A C T

This study examined Acehnese maternal taboos and their relationship with health perspectives through an anthropological and linguistic approach in Banda Aceh and Aceh Besar, Indonesia. It explored how traditional beliefs coexist with modern health knowledge within their cultural contexts. The study contributes theoretically by indicating that maternal taboos represent an evolving knowledge system where cultural meanings, intergenerational transmission, and health interpretations interact rather than exist as separate domains. Data were collected through interviews with 12 women (pregnant women, those with previous pregnancy experience, and caregivers), two obstetricians, and two midwives selected based on their maternal health expertise. Participants were from various areas of Banda Aceh and Aceh Besar, while healthcare professionals had 5–25 years of clinical and academic experience. The findings revealed that Acehnese maternal taboos comprise five categories: dietary, life safety, time, place, and activity. Dietary restrictions were the most prevalent, particularly concerning foods consumed during pregnancy and the postpartum period. Among 34 documented taboos, 22 partly corresponded with health-related considerations, such as avoiding sugar cane due to its high sugar content, reflecting a connection between traditional practices and health knowledge. These health-related maternal taboos reflect three interconnected views of pregnancy: bodily vulnerability, environmental influence, and moral responsibility. These practices regulate food intake, environmental interactions, and maternal behavior, indicating that Acehnese maternal knowledge constructs health through the relationship between the body, surroundings, and social obligations rather than biological mechanisms alone. The remaining 12 emerged primarily from cultural or supernatural beliefs, such as avoiding outdoor activities at sunset to prevent unseen disturbances. Although some practices lack support from current health perspectives, they remain widely observed and transmitted across generations. They emphasize the enduring influence of oral tradition in shaping Acehnese cultural identity and social values.

I. INTRODUCTION

Indonesia is characterized by significant cultural diversity, with traditions preserved through a rich heritage of oral literature. Cultural practices and beliefs are often preserved through linguistic expressions that encode collective knowledge and social values (Handoko et al., 2024). Among them is oral literature, which is transmitted across generations through spoken forms and includes folktales, proverbs, poetry, and songs that convey social values, moral principles, and communal knowledge (Luhar & Nimavat, 2020; Ridhwan, 2021; Abd Halim et al., 2021; Yusuf et al., 2022).

DOI: https://doi.org/10.25077/ar.13.2.212-228.2026

Among these cultural expressions, taboos represent significant social mechanisms that regulate behavior and maintain community values (Juansah, 2021). Expressed through verbal and non-verbal practices, taboos function as unwritten social rules that guide individuals toward behaviors considered appropriate, safe, and socially acceptable within a community (Syahputri et al., 2019; Keller et al., 2021). Rather than functioning merely as prohibitions, taboos also represent culturally embedded systems through which communities interpret morality, risk, and social responsibility. Their continuity across generations reflects the influence of collective beliefs and the authority of inherited knowledge, particularly among older generations who preserve these practices as part of cultural identity (Mengxun, 2020; Yusuf & Yusuf, 2014).

The regulatory role of taboos is particularly evident in maternal contexts, where they often function as cultural frameworks for protecting mothers and children. Traditional prohibitions during pregnancy can be understood as part of a broader cultural system in which myths, rituals, and symbolic meanings regulate individual behavior within a community (Rero et al., 2025). Maternal taboos exist across various societies and reflect local interpretations of pregnancy, childbirth, and postpartum vulnerability. For example, dietary restrictions among Ghanaian communities reflect concerns regarding maternal and fetal health, while Indian maternal practices incorporate beliefs related to infant development and protection from supernatural harm (Otoo et al., 2015; Eram, 2017). Indigenous communities such as the Aeta in the Philippines also maintain activity-related restrictions associated with safe childbirth and child development (Jose et al., 2019). Within Indonesia, these practices are commonly expressed through concepts such as *pamali*, which represent ancestral guidance and mechanisms for maintaining cultural continuity (Omar, 2014; Koeryaman et al., 2019). These examples illustrate that maternal taboos are not isolated beliefs but culturally constructed systems of knowledge through which communities manage reproductive uncertainty and define appropriate maternal behavior.

Research has attempted to classify taboos to understand their social and cultural functions better. Ibrahim and Zaenuddin (2012) categorized taboos into life safety, gender, time, place, and activity, providing a framework for examining how prohibitions regulate everyday practices. However, maternal taboos require further interpretation because they are closely connected to embodied experiences, reproduction, maternal responsibility, and perceptions of fetal protection. From a health anthropology perspective, health-related beliefs are not simply responses to biological conditions but culturally shaped interpretations of risk, illness, and well-being (Helman, 2021). Previous studies have shown that maternal restrictions often emerge from culturally constructed understandings of food, bodily balance, maternal protection, and reproductive risks rather than from health explanations alone (Andina-Díaz et al., 2021; de Diego-Cordero et al., 2021; Khalsiah et al., 2025).

Dietary restrictions represent one of the most frequently reported forms of maternal taboo across different cultural contexts. Such practices are often associated with beliefs about fetal development, miscarriage prevention, childbirth outcomes, and maternal health. They reveal how communities construct culturally embedded systems of reproductive knowledge (Tsegaye et al., 2021; de Diego-Cordero et al., 2021). Although such beliefs may not always correspond with health evidence, they often function as mechanisms for transmitting maternal guidance that regulate behavior and manage uncertainty during pregnancy. Therefore, maternal taboos should be examined not only as cultural prohibitions but also as forms of local knowledge that may contain practical observations, preventive intentions, and symbolic interpretations of reproductive risks. This perspective allows maternal taboos to be understood as practices situated between cultural meaning systems and contemporary health interpretations.

Despite the significance of these oral traditions in Aceh, a notable gap remains in the existing literature. Previous studies have examined *pamali* customs in specific villages (Ernita, 2021) and maternal practices more broadly (Maulida, 2016). These studies have contributed important perspectives into the symbolic meanings, social functions, and transmission of Acehnese cultural beliefs. However, they have primarily focused on describing the existence and cultural significance of these practices rather than examining their relationship with maternal health perspectives. For example, research on Acehnese taboo traditions has demonstrated how prohibitions preserve social

norms and collective values, while studies on maternal practices have highlighted how traditional beliefs influence maternal behavior (Yusuf, 2002). Nevertheless, existing studies have not sufficiently explored whether particular maternal taboos correspond with health-related considerations, differ from contemporary health explanations, or represent culturally constructed interpretations of maternal risks.

As a result, previous research has not fully explained whether maternal taboos should be understood merely as cultural beliefs or as forms of local knowledge that may contain implicit observations related to health, safety, and maternal care. Many restrictions that may appear irrational from a modern perspective continue to function as informal educational mechanisms that communicate social expectations and maternal responsibilities (Chigidi, 2009; Masaka & Chemhuru, 2011). The relationship between symbolic cultural meanings and health interpretations remains particularly underexplored within Acehnese maternal traditions, where oral knowledge continues to influence pregnancy and postpartum practices (Khalsiah et al., 2025). This gap is important because understanding the interaction between cultural beliefs and health perspectives may provide a more holistic explanation of why certain maternal taboos persist despite increasing access to health knowledge.

This study aims to examine Acehnese maternal taboos as a component of oral heritage and investigate how these beliefs interact with contemporary health perspectives. By situating maternal taboos within the broader context of Acehnese oral traditions, this research explores their cultural and social significance, particularly how inherited knowledge is negotiated alongside contemporary interpretations of health. Integrating perspectives from cultural anthropology and health perspectives, this study conceptualizes maternal taboos not simply as prohibitions, but as a transformative knowledge system in which oral traditions, cultural meanings, social responsibilities, and health-related interpretations interact. Through examining maternal taboos in Banda Aceh and Aceh Besar, this research extends discussions of Acehnese oral traditions by demonstrating how local knowledge systems respond to reproductive vulnerability and uncertainty. Rather than positioning traditional beliefs and health perspectives as opposing frameworks, this study highlights their negotiation and coexistence within maternal practices, contributing to Acehnese oral heritage and health anthropology by encouraging dialogue between indigenous cultural knowledge and contemporary health understanding.

II. METHODS

This research adopted an anthropological and linguistic approach to examine Acehnese maternal taboos and their connections to health perspectives. Drawing on linguistic anthropology, which situates language within its social and cultural contexts (Ihromi, 2017), the study explored how traditional taboos are understood alongside contemporary health knowledge. This approach was selected because maternal taboos represent culturally embedded practices in which language, social values, and interpretations of health interact.

Data were collected from 12 women (pregnant women, those with pregnancy experience, and caregivers), 2 obstetricians, and 2 midwives using purposive sampling to ensure that participants had relevant knowledge and direct experience related to Acehnese maternal practices and healthcare. Purposive sampling was appropriate for this qualitative inquiry because it enables the intentional selection of information-rich participants with relevant knowledge and experience regarding the phenomenon under study rather than aiming for statistical representation (Campbell et al., 2020; Palinkas et al., 2015). The inclusion of both community members and healthcare professionals enabled the study to examine maternal taboos from cultural and health perspectives.

The inclusion criteria for women participants were: (1) women who were currently pregnant or had previous pregnancy experience, (2) women who had knowledge of or practiced Acehnese maternal taboos, and (3) caregivers who were family members involved in providing maternal-related guidance. Healthcare professionals were selected based on their experience in maternal healthcare and their ability to provide professional interpretations of maternal-related practices. Participants came from multiple areas in Banda Aceh and Aceh Besar, Indonesia, with healthcare professionals bringing 5–25 years of clinical and academic experience. Including participants from different locations allowed the study to capture variations in the interpretation and transmission

Table 1. The informants of the study.

No.	Name	Age	Status	Address
1	RA	32	Pregnant	Banda Aceh
2	NM	27	Pregnant	Banda Aceh
3	NU	32	Pregnant	Aceh Besar
4	VY	30	Pregnant	Aceh Besar
5	IT	31	Formerly pregnant	Banda Aceh
6	YO	38	Formerly pregnant	Banda Aceh
7	RO	42	Formerly pregnant	Aceh Besar
8	AR	25	Formerly pregnant	Aceh Besar
9	BA	63	Caregiver for pregnant women	Banda Aceh
10	RS	46	Caregiver for pregnant women	Banda Aceh
11	DA	56	Caregiver for pregnant women	Aceh Besar
12	SM	50	Caregiver for pregnant women	Aceh Besar
13	dr. MD	32	Obstetrician	Banda Aceh
14	dr. IM	42	Obstetrician	Banda Aceh
15	bd. IS	36	Midwife	Banda Aceh
16	Bd. RN	35	Midwife	Aceh Besar

of maternal taboos across Acehnese communities. Table 1 presents the information on the informants of this study.

Data were collected through individual semi-structured interviews conducted with each participant. The interviews were audio-recorded and conducted at various times and locations in Banda Aceh and Aceh Besar according to participants' convenience. A semi-structured interview guide was developed based on the classification of Acehnese maternal taboos proposed by Ibrahim and Zaenuddin (2012), covering six cultural domains: life safety, time, gender, place, and activities. The guide was used flexibly to allow participants to describe maternal traditions, personal experiences, and cultural meanings associated with specific taboos. The interview process began with general questions regarding participants' backgrounds, knowledge, and experiences related to maternal traditions, followed by more specific questions about particular taboos, their meanings, and reasons for their practice. The 12 women were asked about the taboos they knew, whether they personally practiced or transmitted these prohibitions, the sources through which they learned them, and their perceptions regarding the benefits or risks associated with these practices. After cultural data were obtained from women participants, follow-up interviews were conducted with two obstetricians and two midwives to explore the health-related interpretations and potential implications of the identified taboos from contemporary maternal healthcare perspectives. All participants provided informed consent prior to the interviews.

The interviews were transcribed and analyzed using Braun and Clarke's (2021) reflexive thematic analysis, chosen for its flexibility in interpreting meaning within culturally embedded practices such as taboos. The analysis followed six iterative phases: familiarization with transcripts, generation of initial codes, development of candidate themes, review and refinement of themes, definition of final themes, and interpretation of the findings. Beliefs were first categorized into taboos with and without health perspectives, allowing comparison between community-based explanations and healthcare professionals' interpretations of maternal practices. Coding focused on two analytical dimensions: (1) the cultural meanings, social functions, and symbolic interpretations associated with each taboo, and (2) the relationship between traditional explanations and contemporary health perspectives. Linguistic anthropology further informed the analysis by examining vernacular expressions to reveal cultural logic, moral values, and connections with social norms and cosmological beliefs (Rhodes, 2023; Supatra, 2017). Interpretations were refined through comparison between women participants' accounts and healthcare professionals' perspectives to identify areas of convergence and difference between cultural knowledge and health interpretations. Themes were refined for

consistency and presented narratively to support contextual interpretation.

III. RESULTS

The analysis identified 34 maternal-related taboos, which were evaluated for their alignment with health perspectives. These identified taboos were subsequently organized into five categories: dietary, life safety, time, place, and activity, based on their recurring functions and meanings within Acehnese maternal traditions.

Pregnancy Taboos with Health Perspectives

A total of 22 maternal taboos were categorized under health perspectives. These taboos are discussed as follows.

Dietary

Dietary taboos in the Acehnese community involve cultural and religious restrictions on foods believed to influence maternal health, fetal conditions, and postpartum recovery. These practices illustrate how food is understood not only as nourishment but also as a culturally meaningful element associated with maternal responsibility and reproductive outcomes. From the data, 11 dietary maternal taboos were identified, as shown in Table 2. Traditional beliefs surrounding maternal practices often associate certain foods and drinks with difficult labor, fetal harm, or reduced postpartum recovery. The findings indicate that food represents the most regulated domain of maternal taboos, reflecting concerns about bodily balance, safety, and appropriate maternal behavior.

As illustrated in (1), drinking ice water is commonly believed to cause excessive fetal growth and obstructed delivery. Although ice water itself has no such effect, cold beverages are often sweetened, increasing sugar and calorie intake that may contribute to gestational diabetes or macrosomia. Thus, this taboo reflects a cultural interpretation of risk that partially corresponds with concerns regarding excessive sugar consumption during pregnancy. Similarly, raw rice, as indicated in (2), is avoided due to fears about its impact on the baby's health. Medically, uncooked rice may pose safety concerns because it is difficult to digest and may contain contaminants. This suggests that some dietary restrictions preserve practical safety considerations despite differences in explanation. Another related taboo in (3) discourages pregnant women from eating dried rice crust snacks (*bu gring*) based on the belief that maternal diet affects a baby's physical appearance. While hygienically prepared rice crust is generally safe, excessive

Table 2. Dietary maternal taboos with health perspectives

No.	Taboos	Translation
1	*Ureueng mumèe h'an jeuet jep ie èh, euntreuk anuek jih rayeuk.*	A pregnant woman should not drink ice water, or the baby will be big.
2	*Ureueng mumèe h'an jeuet pajôh breuh, euntreuk ulée aneuk jih meukrak.*	A pregnant woman should not eat uncooked rice, or the baby's scalp will be crusty.
3	*Ureueng mumèe h'an jeuet pajôh krak bu, euntreuk kulét aneuk kutô.*	A pregnant woman should not eat rice crust, or the baby's skin will be dirty.
4	*Ureung mumèe h'an jeuet pajôh teubèe, euntreuk watèe meulahérkan darah jih h'an di piyôh-piyôh.*	A pregnant woman should not eat sugar cane, or it will be difficult to stop the bleeding during labor.
5	*Ureueng mumèe h'an jeuet pajôh boh manok nyang gohlom jeuet, euntreuk payah meulahérkan.*	A pregnant woman should not eat undercooked eggs, or she will experience difficulty during labor.
6	*Ureueng mumèe h'an jeuet pajôh tapé, euntreuk suum pruet ngon rheut aneuk.*	A pregnant woman cannot eat *tapé* (a traditional fermented preparation of rice), or her stomach will be hot and cause miscarriage.
7	*Ureueng mumèe h'an jeuet pajôh boh aneuh, euntreuk rheut aneuk.*	A pregnant woman should not eat pineapples, or she will miscarry.
8	*Ureueng mumèe h'an jeuet pajôh boh drien, euntreuk suum pruet ngon rheut aneuk.*	A pregnant woman should not eat durian, or her stomach will burn, and she will miscarry.
9	*Ureueng ban meulahérkan, hanjeut pajôh yang keueng-keueng, euntreuk aneuk jeuet cirét.*	A woman who has just given birth should not eat spicy food, or the baby will have diarrhea.
10	*Ureueng ban meulahérkan, hanjeut pajôh boh manok ngon boh pisang seubab jeut keu gatai atawa meunanoh.*	A woman who has just given birth should not eat chicken eggs and bananas, or the skin will become itchy or develop sores.
11	*Ureueng ban meulahérkan, h'an jeuet le pajôh bu, euntreuk rayeuk pruet.*	A woman who has just given birth is forbidden to eat large portions of rice, or their stomach will swell.

intake may contribute to digestive discomfort and weight gain due to its oil and calorie content. Therefore, this practice reflects both symbolic beliefs about fetal influence and practical concerns regarding dietary moderation.

Fig. 1. The Acehnese *bu gring* mixed with caramelized sugar and shaped into small balls (photo taken by Idham Khalid (March 16, 2026) with consent.

Food taboos also extend to items considered symbolically risky or physically harmful during pregnancy. Sugar cane, for example, in (4), is avoided in Acehnese belief because it is regarded as a "sharp" food thought to cause bleeding during labor. Medical professionals clarify that it does not affect blood clotting, although excessive consumption may increase sugar intake. This illustrates how symbolic food classifications may coexist with health-related concerns. Likewise, undercooked eggs, as depicted in (5), are traditionally believed to cause labor complications, leading to advice that pregnant women consume only fully cooked foods. In this case, obstetricians and midwives support the practice because raw or undercooked eggs may carry bacterial risks such as *Salmonella* infection. Among the identified dietary taboos, this represents one of the clearest examples where traditional advice corresponds with contemporary health perspectives.

Tapé in (6), or fermented rice, is also avoided because it is believed to increase body heat and cause miscarriage. The fermentation process produces a sweet, soft food containing small amounts of alcohol depending on preparation methods. Although the concept of "body heat" differs from health explanations, the restriction reflects cultural efforts to regulate foods perceived as unsuitable during pregnancy. The taboo also reflects concerns regarding ritual purity and maternal protection. These examples denote that Acehnese dietary restrictions combine symbolic meanings with attempts to manage perceived maternal risks.

Fig. 2. The Acehnese *tapé* (photo taken by Idham Khalid (March 17, 2026) with consent).

Beliefs about fruit consumption during pregnancy further illustrate the relationship between symbolic interpretation and health awareness. Pineapple is widely avoided, as presented in (7), especially in early pregnancy, because its sharp taste is believed to cause miscarriage. However, healthcare professionals indicate that normal dietary consumption of pineapple is generally safe during pregnancy. The restriction therefore reflects symbolic associations between food characteristics and reproductive outcomes rather than established health evidence. Durian is similarly restricted, as shown in (8), because it is considered a "hot" fruit associated with miscarriage. From a health perspective, durian may be consumed in moderation, although excessive intake may increase calorie intake and contribute to weight gain. Across these examples, pineapple and durian taboos suggest how Acehnese food beliefs incorporate concepts of bodily balance, moderation, and pregnancy protection.

Dietary restrictions continue into the postpartum period, where maternal recovery and vulnerability remain central concerns. New mothers are commonly advised to avoid spicy foods, as reflected in (9), because they are believed to affect breast milk quality and infant digestion. Although scientific support for these claims is limited, the practice reflects continued cultural regulation of maternal recovery after childbirth. Additional postpartum taboos prohibit eating chicken eggs and bananas, as outlined in (10), because they are viewed as "soft" or "slippery" foods associated with discharge, infection, and delayed wound healing within local humoral concepts. These restrictions imply how postpartum food practices are used to regulate recovery and protect maternal well-being according to local understandings of the body.

Finally, staple foods such as rice, as displayed in (11), are also subject to postpartum regulation. A common belief discourages women from consuming large portions of rice after childbirth because it is thought to enlarge the stomach and slow physical recovery. This practice appears to reflect cultural expectations regarding postpartum body restoration and self-discipline. These findings show that dietary taboos function beyond food avoidance, serving as cultural mechanisms for regulating maternal behavior, recovery, and perceived reproductive risks.

Activity

Activity-based taboos are among the restrictions identified in Acehnese maternal practices, with interviews indicating that these prohibitions are associated with perceived risks, protection, and appropriate maternal behavior. The results reveal 4 activity-related maternal taboos, which are summarized in Table 3. These practices show how daily activities are regulated through cultural understandings of safety and maternal responsibility during pregnancy and the postpartum period.

Acehnese traditions place strong emphasis on postpartum recovery through a period of maternal confinement and rest. Women are traditionally expected to remain at home for forty-four days after childbirth, as shown in (12), during which recovery practices include dietary restrictions, home confinement, and elder-assisted treatments such as stomach wrapping and heated stones. The use of heated stones on the abdomen after childbirth, known as the *tet batée* tradition, is part of the *madeung* customary practice. This postpartum practice reflects the cultural belief that recovery requires protection, rest, and support during a period of maternal vulnerability. Although the practice is explained through cultural and spiritual beliefs, it also emphasizes social support and physical recovery after childbirth.

Concerns about bodily comfort and warmth also shape maternal-related restrictions. One taboo advises pregnant women not to sleep on the floor, as shown in (13), based on the belief that doing so could complicate placental delivery during labor. While the physical surface has no direct relationship with placental removal, the practice reflects cultural attention to bodily comfort and environmental conditions. Traditional Acehnese homes often use wooden materials and elevated structures, which may feel cold at night. Avoiding cold surfaces may therefore represent a culturally interpreted approach to maintaining maternal comfort, although the stated explanation differs from contemporary health perspectives.

Prohibitions (14) and (15) are related to emotional and psychological protection, representing another dimension of Acehnese maternal taboos. Pregnant women are discouraged from witnessing accidents, blood, or distressing

Table 3. Activity maternal taboos with health perspectives.

No.	Taboos	Translation
12	*Ureueng mumèe lheueh meulahérkan h'an jeuet teubit u luwa rhôh goh lom peuet plôh peuet uroe, meunyoe di kalön lé ureueng agam euntreuk désya.*	A pregnant woman cannot go out of her house before her forty-four days are over, or if a man sees her, she will sin.
13	*Ureueng mumèe h'an jeuet éh bak alheueh, euntreuk urie jih meukeumat atawa h'antém di teubit watèe meulahérkan.*	A pregnant woman should not sleep on the floor, or the baby's placenta will be difficult to remove during labor.
14	*Ureueng mumèe h'an jeuet kalön ureueng meupok atawa yang meudarah, seubab euntreuk jeut di teumamong.*	A pregnant woman should not see accidents or anything bloody, or it may cause spirits to possess them.
15	*Ureueng mumèe h'an jeuet kalön pilem atau eu yang hana göt, euntreuk jeut di turôt bak aneuk.*	A pregnant woman should not watch bad movies or shows, as undesirable traits may be passed on to the child.

scenes because such experiences are believed to invite harmful spiritual influences. Similarly, they are advised to avoid violent or negative media due to concerns that undesirable characteristics may affect the unborn child. These practices illustrate the belief that maternal experiences and emotional conditions may influence fetal development and demonstrate that pregnancy protection extends beyond physical practices to include emotional and symbolic environments. Together, these taboos highlight the cultural emphasis on maintaining a calm and protected environment for mothers and children.

Life Safety

Life safety taboos aim to protect pregnant women from potential harm, functioning as culturally rooted guidelines for managing perceived risks during pregnancy. The data indicate that 3 life safety taboos were identified, as presented in Table 4. These practices reveal how Acehnese communities interpret maternal safety through both physical experiences and symbolic meanings.

Prohibition (16) warns that pregnant women should not hang a towel around their neck, especially during labor, because the baby may become strangled by the umbilical cord. This practice is also considered inappropriate within local cultural norms. However, obstetricians and midwives explain that placing cloth around the neck has no direct relationship with labor outcomes, which are influenced by factors such as fetal position, movement, and umbilical cord conditions. Although the cultural explanation differs from health perspectives, the restriction reflects a broader concern with avoiding actions perceived as potentially harmful or uncomfortable during pregnancy.

Beyond personal behavior, restrictions also apply to where pregnant women may sit or rest. Another taboo advises pregnant women not to sit on stairs, as shown in (17), because it is believed to cause difficult labor. Traditional Acehnese house stairs are often high, narrow, steep, and made of wood, which may increase the possibility of slipping or falling. Therefore, while the connection between sitting on stairs and childbirth difficulty is symbolic, the practice also reflects practical concerns regarding maternal safety and injury prevention. The restriction further reflects cultural interpretations of stairs as transitional spaces associated with uncertainty and imbalance.

Similarly, spatial boundaries in the environment are subject to caution. The taboo in (18) prohibits pregnant women from stepping over

Table 4. Life safety maternal taboos with health perspectives.

No.	Taboos	Translation
16	*Ureueng mumèe h'an jeuet palét ija bak taku, euntreuk watèe meulahérkan, aneuk meupalét ngon taloe pusat droe.*	A pregnant woman cannot hang a towel around her neck or during her labor; her baby will be strangled by his or her own umbilical cord.
17	*Ureueng mumèe h'anjeut duek bak reunyeun, euntreuk payah meulahérkan.*	A pregnant woman cannot sit on stairs, or she will experience difficulty during labor.
18	*Ureueng mumèe h'anjeut grôp parék, euntreuk rheut aneuk.*	A pregnant woman is prohibited from stepping over a ditch or will have a miscarriage.

Fig. 3. The Acehnese traditional house and its open staircase concept (the family house of the Late Tengku Husin Aly and the Late Hj. Fatimah Amin in Meunasah Keureumbok Village, Kembang Tanjung, Pidie. Photo taken by H. Munzir Al Munir (March 26, 2026) with consent).

ditches (*parék*). Practically, crossing ditches may increase the risk of falling or physical strain, while symbolically, ditches are viewed as spaces where *jén* (ghosts or spirits) may exist and potentially disturb maternal balance. This practice illustrates the combination of environmental awareness and spiritual interpretation in shaping maternal safety beliefs within Acehnese communities.

Time

In Aceh, pregnant women are sometimes restricted from certain activities or travel due to beliefs that mystical forces are active during *maghrib* (sunset) and may disturb vulnerable individuals. Based on the findings, Table 5 shows that 3 time-related restrictions were identified among pregnant women. These restrictions depict how particular times of day are culturally interpreted as periods requiring increased caution and behavioral regulation.

One prohibition advises pregnant women not to bathe at *maghrib*, as shown in (19), because spirits or *jén* (ghosts or spirits) are believed to be more active during this transitional period. Although this explanation is framed through supernatural beliefs, the practice also reflects environmental concerns. In traditional settings, bathing areas were often located outside the main house and used cold well water. Reduced evening lighting may also increase the risk of slipping or accidents. Thus, the taboo combines spiritual interpretation with practical concerns regarding maternal comfort and safety.

Closely related is the restriction against going outdoors at sunset, as revealed in (20). Sunset represents a transition from light to darkness and is associated with increased spiritual vulnerability within Acehnese beliefs. From a practical perspective, reduced visibility and cooler conditions may affect comfort and awareness when moving outside. This finding indicates that temporal restrictions may preserve cautious behaviors through culturally meaningful explanations of risk.

Beyond sunset-related restrictions, Acehnese traditions also regulate activity patterns during late pregnancy. In (21), pregnant women are advised not to remain idle, especially around the seventh month, because excessive inactivity is believed to make labor more difficult. Instead, gentle movement and daily activities are encouraged to maintain physical readiness for childbirth. Unlike supernatural-based restrictions, this practice shows closer correspondence with health perspectives because appropriate physical activity during pregnancy is also recognized as beneficial when adjusted to individual conditions.

Table 5. Time maternal taboos with health perspectives.

No.	Taboos	Translation
19	*Ureueng mumèe h'an jeuet manoe watèe magréb, euntreuk troh jén.*	A pregnant woman should not bathe at maghrib, otherwise ghosts will come.
20	*Ureueng mumèe h'an jeuet teubit watèe magréb, euntreuk di seutöt le jén.*	A pregnant woman should not go out at sunset, or they will be followed by ghosts.
21	*Ureueng 'oh mumèe buleuen keu tujôh, h'an jeuet duek-duek mantong, euntreuk payah melahérkan.*	A pregnant woman during the seventh month of pregnancy should not sit around, or she will experience difficulty during labor.

Fig. 4. The Acehnese *mon* is a traditional well-bathroom located at the back of a house, typically enclosed by a *palang mon* constructed from arranged coconut leaves, bushes, or zinc sheets (photo taken by Siti Zulaikha at Lamseunong Village, Aceh Besar (March 5, 2026) with consent).

Place

Acehnese communities maintain beliefs that certain places may be associated with spiritual risks, resulting in restrictions on pregnant women's movement and activities. Table 6 presents one place-based taboo identified during pregnancy. Although only one spatial restriction was found, it illustrates how place can become culturally interpreted as a factor influencing maternal vulnerability and safety.

In (22), Acehnese culture advises pregnant women against long-distance travel because *jén* (ghosts or spirits) are believed to follow and disturb them, particularly when they are away from home. The prohibition reflects a culturally constructed understanding of risk in which unfamiliar or distant environments are perceived as requiring additional caution during pregnancy. From a practical perspective, the restriction may also discourage physically demanding travel during pregnancy. Healthcare professionals explain that travel is generally acceptable for healthy pregnant women; however, prolonged sitting during long-distance travel may increase discomfort and circulation-related risks, and medical consultation is recommended, particularly for late pregnancy. Thus, this taboo presents a partial overlap between cultural caution and health considerations, although the explanations through which risk is understood differ.

Maternal Taboos Without Health Perspectives

Interviews with obstetricians and midwives revealed that 12 Acehnese maternal taboos were not supported by current health perspectives. These taboos primarily involved activity, life safety, and dietary-related practices. Although not directly related to health explanations, these practices continue to function as cultural mechanisms for transmitting moral values, social expectations, and traditional understandings of maternal responsibility.

Activity

Seven activity-related taboos were identified among Acehnese maternal practices, as presented in Table 7. These taboos mainly regulate maternal behavior, appearance, and social conduct, reflecting cultural expectations regarding appropriate actions during pregnancy and postpartum periods.

Acehnese maternal taboos emphasize the perceived influence of speech and personal conduct on the unborn child. Pregnant women are encouraged to use polite and respectful language because words are believed to shape a baby's appearance and character. Calling others by animal names is discouraged, as shown in (23), because the child is believed to acquire characteristics associated with the mentioned animal. Although this belief lacks health support, it functions as

Table 6. Place maternal taboos with health perspectives

No.	Taboos	Translation
22	*Ureueng mumèe hanjeut jak jiôh-jiôh, euntreuk di seutöt le jén.*	A pregnant woman should not travel far, or they will be followed by ghosts.

Table 7. Activity maternal taboos without health perspectives

No.	Taboos	Translation
23	*Ureueng mumèe h'an just kheun keu gop meuhi binatang, euntreuk aneuk yang lahée meuhi binatang nyan.*	A pregnant woman should not call other people by animal names, or the baby that is born will resemble that animal.
24	*Linto ureueng mumèe h'an jeuet eu bue, euntreuk di turôt bak anueuk.*	The husband of a pregnant woman should not look at monkeys, or their child will resemble them.
25	*Ureueng mumèe h'an just ngieng buleun, entreuk aneuk meuraheung-raheung.*	A pregnant woman should not look at the moon, or the child will be absent-minded or confused.
26	*Watèe mumèe, ureueng inong ngon lintô h'an jeuet poh binatang, euntreuk aneuk nyang lahée cacat.*	A husband and wife cannot kill animals during the wife's pregnancy, or the baby will be born deformed.
27	*Ureung mumèe hanjeut peukhem ureueng juléng, euntreuk lahée aneuk juléng.*	A pregnant woman should not laugh at cross-eyed people, as the baby might be born cross-eyed.
28	*Ureueng mumèe ngon lintô h'an jeut seunang that meu'èn ngon binatang, entreuk aneuk jih meuhi.*	Pregnant women and their husbands should not be too happy with animals, as their children will resemble them.
29	*Lintô ureueng ban lheuh meulahérkan, hanjeut peutamöng aju makanan dari luwa u dalam rumoh, euntreuk jén ikôt i tamöng lam rumoh.*	The husband of a woman who has just given birth should not bring food from outside directly into the house, or else the spirits will come in.

a cultural mechanism for regulating speech and reinforcing values of respect, politeness, and self-control during pregnancy.

In addition to speech, visual experiences are also believed to influence a child's development. In (24), husbands are discouraged from looking at monkeys during their wife's pregnancy because such exposure is believed to affect the baby's physical characteristics. Similarly, in (25), pregnant women are advised not to gaze at the moon for extended periods because celestial influences are traditionally associated with mental instability. These practices reflect a cultural belief that external experiences may symbolically affect the unborn child and therefore require careful regulation during pregnancy.

Taboos in (26) and (27) reflect moral behavior and emotional discipline within Acehnese maternal traditions. Couples are discouraged from killing animals during pregnancy because harming living creatures is believed to cause deformities in the baby. Pregnant women are also advised not to mock individuals with physical differences due to fears that similar conditions may affect the child. Beyond their supernatural explanations, these prohibitions reinforce ethical values by encouraging compassion, empathy, and respect toward others.

Cultural guidance continues beyond pregnancy and extends into postpartum household practices. In (28), pregnant women and their husbands are cautioned against excessive affection toward animals because such attachment is believed to influence the child's characteristics. After childbirth, as shown in (29), food brought directly from outside is avoided because it is believed to carry harmful spiritual influences. These practices display that maternal taboos extend beyond fetal concerns and include regulation of the household environment during maternal recovery.

Furthermore, in Acehnese custom, individuals entering the house are expected to wash their feet beforehand, which explains the placement of wells or *bak* (water containers) at the entrance of traditional houses. This practice is rooted in the belief that impurities from outside may allow malevolent spirits to enter the home. Although not related to maternal health outcomes, this practice reflects cultural concepts of cleanliness, protection, and boundaries between domestic and external spaces.

Fig. 5. A *bak* (water container) placed at the entrance of a traditional Acehnese house (photo taken by Idham Khalid (March 17, 2026) with consent)

Life Safety

Four life safety taboos without health perspectives were identified among Acehnese maternal practices, as presented in Table 8. These taboos primarily regulate maternal behavior and everyday actions through cultural interpretations of safety, appropriateness, and social conduct.

One belief, as shown in (30), advises pregnant women not to stand in front of doorways because it is considered impolite and may obstruct others passing through. This social behavior is symbolically associated with obstructed labor. Although standing

Table 8. Life safety maternal taboos without health perspectives

No.	Taboos	Translation
30	*Ureueng mumèe h'an jeuet döng di keu pintô, euntreuk payah lahée.*	A pregnant woman should not stand in front of the door, or she will experience difficulty during labor.
31	*Ureueng mumèe h'an jeuet duek ateueh batèe, euntreuk brat bak meulahérkan.*	A pregnant woman should not sit on stones, or she will experience difficulty during labor.
32	*Ureueng ban-ban mumèe h'an jeuet phok u ngon baci, euntreuk aneuk nyang lahée sumbéng.*	A woman who has just gotten pregnant should not split coconuts with a machete or cleaver, or the child born will have cleft defects.
33	*Ureueng mumèe h'an jeuet duek ateuh alheuh, payah na lapèk, euntreuk watée meulahérkan meu ie badan jih.*	A pregnant woman should not sit on the floor without a mat, or she will release excessive fluid during labor.

in doorways has no relationship with childbirth outcomes, the taboo reinforces expectations of courtesy and respectful behavior during pregnancy. Similarly, in (31), pregnant women are discouraged from sitting on stones because hard surfaces are associated with discomfort and bodily strain. This restriction reflects cultural attention to maternal comfort and appropriate physical behavior during pregnancy.

Beyond posture, certain physical activities and environmental contact are also restricted. Women in early pregnancy are advised not to split coconuts using sharp tools, as reported in (32), because such activities are believed to endanger the unborn child. Although the stated consequence is symbolic, the prohibition reflects a broader cultural preference for avoiding potentially risky activities during pregnancy. In addition, (33) discourages pregnant women from sitting directly on the floor without a mat because cold and hard surfaces are believed to negatively affect maternal conditions. Using a mat or cushion represents a culturally preferred practice for maintaining comfort and protection. These taboos demonstrate how maternal safety is interpreted through everyday behavior and cultural expectations rather than direct health mechanisms.

Dietary

One dietary taboo without health perspectives was identified among Acehnese maternal practices, as presented in Table 9. Although limited in number, this taboo illustrates how symbolic interpretations of food may influence perceptions of reproductive risks.

Table 9. Dietary maternal taboos without health perspectives

No.	Taboos	Translation
34	*Ureueng mumèe h'an jeuet pajôh boh keumbeu, euntreuk lahée aneuk keumbeu.*	A pregnant woman should not eat conjoined fruit, or she will have twins.

In (34), pregnant women are discouraged from eating conjoined fruit because it is believed to increase the possibility of having twins or experiencing complicated births. This belief likely emerged from symbolic associations between the physical appearance of food and reproductive outcomes, particularly in contexts where access to medical information and facilities was previously limited. The taboo reflects a cultural attempt to interpret and manage uncertainty surrounding pregnancy through observable characteristics in the environment. Medically, obstetricians and midwives explain that twin pregnancies are determined by biological factors, including genetics, maternal age, and fertility-related factors, rather than food consumption. Therefore, although this practice lacks health support, it represents a culturally meaningful explanation of reproductive uncertainty rather than a health-based mechanism.

IV. DISCUSSION

The findings show that maternal taboos in Aceh cluster into five categories: dietary, life safety, time, place, and activity. Although gender is recognized in broader taboo classifications, no gender-related maternal taboos were identified in this study. This absence is theoretically meaningful because it indicates that Acehnese maternal taboos are organized less around regulating social identity and more around protecting the reproductive body during a period perceived as physically, socially, and spiritually vulnerable. Unlike general Acehnese taboos that sometimes regulate male–female relationships or social interactions (Aziz et al., 2020), maternal taboos primarily function as protective cultural frameworks addressing maternal vulnerability, safety, and fetal well-being (Khalsiah et al., 2025). Pregnancy therefore transforms the function of taboo from regulating interpersonal conduct into managing reproductive uncertainty, bodily changes, and responsibility for the unborn child, while transmitting social expectations and culturally appropriate behaviors (Aziz et al., 2020; Keller et al., 2021).

Among the maternal taboos documented in Banda Aceh and Aceh Besar, 22 practices were aligned with health perspectives, whereas 12 were primarily rooted in cultural beliefs. This pattern demonstrates that Acehnese maternal care integrates traditional knowledge with practical health understanding rather than treating them as separate systems. Cultural beliefs provide alternative explanatory frameworks through which communities interpret reproductive risks and experiences (Baumann, 2004; Ratcliffe, 2014; Yusuf, 2002). Several taboos correspond with contemporary health perspectives, including avoiding excessive sugar intake due to gestational diabetes risk (American Diabetes Association Professional Practice Committee, 2024), avoiding undercooked eggs because of foodborne infection

risks (Li et al., 2020), and limiting prolonged travel because of pregnancy-associated thromboembolic risks (Barba Martín & Joya Seijo, 2020). Conversely, some practices, such as avoiding pineapple to prevent miscarriage, are primarily based on cultural interpretations rather than scientific evidence, as current literature does not support the belief that ordinary pineapple consumption induces miscarriage (Varilla et al., 2021). The emergence of these dietary taboos as a distinct category reflects an Acehnese understanding of pregnancy in which the maternal body is viewed as highly permeable, with consumed substances believed to influence fetal conditions and future outcomes. Concerns regarding miscarriage, labor difficulty, and infant health elevate food restrictions beyond general activity regulation. Consequently, dietary taboos represent culturally embedded systems for managing health, morality, and bodily vulnerability (Yusuf, 2002; Chigidi, 2009). Thus, maternal taboos exist along a continuum between empirical observation and symbolic interpretation rather than representing a simple opposition between traditional beliefs and health knowledge.

While some taboos reflect adaptive integration of health-related observations, others are maintained through symbolic meanings and social expectations (Yusuf et al., 2022; Juansah, 2021). For example, avoiding hanging a towel around the neck to prevent umbilical cord strangulation illustrates how taboos regulate behavior based on perceived safety rather than empirical evidence, supporting Keller et al.'s (2021) view that taboos function as mechanisms of social regulation. Similarly, Acehnese taboos preserve collective values by transforming uncertainty into culturally meaningful practices (Aziz et al., 2020; Khairullina et al., 2020). The coexistence of health-related and symbolic practices indicates that maternal taboos function as a hybrid knowledge system combining practical observations, cultural meanings, and social responsibilities surrounding pregnancy.

Interviews with Acehnese women, obstetricians, and midwives further revealed that some taboos without direct health perspectives maintain ethical and moral functions. These practices promote maternal comfort, safety, restraint, compassion, respect for life, and appropriate conduct during reproduction. Therefore, maternal taboos operate not only as health-related practices but also as cultural mechanisms for transmitting moral values, regulating social behavior, and reducing uncertainty during pregnancy (Khairullina et al., 2020; Aziz et al., 2020). Similar interpretations have been reported in cultural taboo studies, where practices without scientific validation may still preserve social order and collective expectations (Chigidi, 2009; Masaka & Chemhuru, 2011).

Across dietary, life safety, time, place, and activity categories, health-related maternal taboos reflect three interconnected cultural understandings of pregnancy: the body as vulnerable, the environment as influential, and maternal behavior as morally significant. Dietary practices regulate what enters the maternal body, life safety and place-related restrictions regulate environmental interactions, and activity and time restrictions guide behavior during sensitive periods. These patterns indicate that Acehnese maternal knowledge constructs health through relationships among the body, environment, and social responsibility rather than biological mechanisms alone. Such practices represent culturally informed health behaviors grounded in broader cultural values (Keller et al., 2021; Khairullina et al., 2020; Aziz et al., 2020; Baumann, 2004; Ratcliffe, 2014).

This study reveals that Acehnese maternal taboos represent a culturally embedded knowledge system in which empirical observations, symbolic meanings, and health interpretations coexist. Rather than functioning merely as restrictions, these practices provide a framework through which communities understand bodily vulnerability, moral responsibility, environmental risks, and reproductive uncertainty. This perspective aligns with health anthropology approaches that view health practices as culturally embedded systems of meaning rather than solely biological responses (Baumann, 2004; Ratcliffe, 2014). Therefore, culturally sensitive maternal healthcare should distinguish between practices that support maternal well-being and those requiring medical clarification rather than simply rejecting traditional beliefs. By examining both health-aligned and symbolic dimensions of maternal taboos, this study extends previous classifications by demonstrating how Acehnese maternal practices negotiate cultural identity, social regulation, and contemporary health knowledge.

V. CONCLUSION

Research on maternal taboos in Aceh reveals a diverse set of cultural beliefs categorized into five categories: dietary, life safety, time, place, and activity. Maternal taboos differ from general social taboos because they are primarily organized around maternal protection, bodily vulnerability, and fetal well-being rather than gender regulation. These categories illustrate how Acehnese communities understand pregnancy and postpartum periods as phases requiring careful management of the body, environment, behavior, and social responsibility. These findings reveal that Acehnese maternal taboos function as a culturally embedded maternal knowledge system, where traditional interpretations of risk, social values, and health considerations interact in shaping maternal practices. Dietary taboos are the most prevalent, particularly restrictions on foods consumed during pregnancy. Among the 34 identified taboos, 22 were interpreted as corresponding with certain health considerations based on healthcare perspectives and existing evidence, while 12 were primarily associated with cultural and symbolic meanings or mystical beliefs, such as avoiding leaving the house at sunset to prevent supernatural disturbance. Although some lack health support, these taboos continue to be observed and passed down. They reflect the enduring role of oral tradition in shaping Acehnese cultural identity and values.

Theoretically, this study contributes by showing that maternal taboos should not be viewed simply as irrational restrictions but as negotiated forms of knowledge through which communities interpret reproduction, uncertainty, morality, and maternal responsibility. From a practical perspective, these findings highlight the importance of culturally sensitive maternal healthcare approaches. Healthcare providers, including midwives and obstetricians, should consider the cultural meanings underlying maternal taboos while providing evidence-based information when practices may conflict with established health recommendations. Local health authorities and community leaders can use this understanding to develop maternal health education programs that respect cultural traditions while correcting misconceptions through dialogue rather than directly rejecting local beliefs. Such approaches may strengthen communication and trust between healthcare systems and communities by acknowledging the social value of traditional practices while promoting maternal safety.

This study has several limitations, including a small number of informants and a geographical focus limited to Banda Aceh and Aceh Besar. The qualitative approach may not capture the full range of maternal taboos across Aceh or Indonesia more broadly. Future research should involve larger and more diverse samples from multiple regions, incorporate quantitative methods, and examine the psychological and social impacts of maternal taboos. Further studies may also explore how traditional maternal knowledge changes over time and how culturally appropriate interventions can distinguish between practices that provide social support and those requiring health clarification.

ETHICS STATEMENT

Permission to conduct this study was obtained from the English Education Department, Universitas Syiah Kuala (Approval Letter from the Head of the Department, No. 537/UN11.1.6/PK.05.00/EN/2024). In addition, informed consent was obtained from all informants prior to data collection. Participants were informed about the study objectives, voluntary nature of participation, and confidentiality measures, and all collected information was handled anonymously.

CREDIT AUTHOR STATEMENT

Yunisrina Qismullah Yusuf: Conceptualization; Methodology; Supervision; Project administration; Funding acquisition; Writing - review & editing.

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ACKNOWLEDGEMENTS

This research was funded by Universitas Syiah Kuala, under the Professor Grant Scheme 166/UN11.2.1/PG.01.03/SPK/PTNBH/2024.

DECLARATION OF COMPETING INTERESTS

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this manuscript, the authors used ChatGPT (GPT-5.2 model) and Grammarly solely for proofreading and to enhance readability and grammatical accuracy. Following its use, the authors carefully reviewed and revised the text as necessary and accept full responsibility for the content, interpretations, and conclusions presented in this work.

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