

NUTRITIONAL BEHAVIOUR AMONG WOMEN ATTENDING ANTENATAL CARE IN GOMBE HEALTH FACILITIES

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ABSTRACT

This work is on nutritional behaviour among women attending antenatal care in Gombe health facilities. The survey research design was used for this work. The population of the study consisted of 326 women who attended antenatal care in health facilities in Gombe state within the period of six (6) weeks. This population serves as the sample size for the study. The instrument was designed by the researcher and had six (6) different sections. Section 1 elicited information on location and work experience. Section 2 sought for information on nutritional behaviour of women and had 15 items, Section 3 looked for information on nutritional practices of women with 15 items, while Section 4 elicited information on types of nutritional food eaten by women with 6 items. Section 5 sought for information on the nutritional problems of women with 9 items and Section 6 on the factors influencing types of food eaten by women with 10 items. This was validated by 3 experts that are not below the rank of a senior lecturer from the Department of Physical and Health Education. A copy of the draft was given to them for the purpose of face and content validation, appropriateness of items, clarity of statement in the instrument and whether or not the items are related to the subject under study. Necessary corrections and observations were duly made. The observation done by the experts were duly followed. The corrections gave rise to the instrument that was used for the collection of information of the study which was pretested using 40 pregnant women that were not part of the main study and the reliability coefficient of the instrument was established at 0.72, the Kuder Richardson Formula 20 and the Cronbach Alpha Coefficient method of checking the internal consistency of an instrument were adopted for establishing the reliability of the instrument which was considered very high and was there for use for the main study. The result shows that there is significant difference in the nutritional behavior among women attending antenatal care based on location as well as there was a significant difference in the nutritional practice of women attending antenatal based on work experience. It was recommended among others that this result be sustained through lectures, seminars and workshops during antenatal visitations in health facilities.

INTRODUCTION

Nutrition is a must for all living things. For a human being to develop physically and for the nine systems of the body to function effectively, proper nutrition is required (Kajang, 2006). Nutrition according to Schmitz (2012) is the sum of all the processes involved in how organisms obtain nutrients, metabolize them and use them to support all life processes. In addition, the World Health Organization (WHO) (2014) explain nutrition to mean the biochemical and physiological processes by which an organism uses food to support its life. It provides organisms with nutrients which can be metabolized to create energy and chemical structures.

As humans, there is the likelihood that there could be over or under nutrition of individuals. It was not surprising that Lindsay, Gibney and McAuliffe (2012) pointed out that there is widespread of both under and over nutrition as well as nutrient deficiencies including folate, iron, Vitamin A and Vitamin D, which might be affected by the behaviour of the individual. Behaviour according to Lorimer (1995) is the manner or ways which a person's moral are conducted or portrayed. When related to nutrition, it is dependent upon the manner or morals a person consumed food. Emphasizing on this, Gedrich (2003), nutritional behaviours are shaped by broad socio-economic and environmental trends, including individual related factors, thus it has been stated by studies that poor dietary intake is often associated with health and diseases.

In addition, Kajang (2006), emphasized that it is implicative that an individual will normally hold a range of beliefs about possible consequences of performing a particular behaviour, and stressed that the person may hold the belief that performing the behaviour leads to some good outcomes and some bad ones. This may be the reason why World Health Organisation (WHO) estimated in many countries that due to poor dieting behaviour among pregnant women, they have very low pregnancy body mass index, making over 50% of them to experience anemia. It is based on this note that Heidkamp, Ayoya, Teta, Stoltzfus and Marhone (2015) stated that perceptions of nutrient-dense foods have a harmful impact on the development of the foetus and is related to poor maternal and newborn nutrition and health. Additionally, cultural nutritional behaviours have also been found to have an impact on pregnant women's health and that of their babies. This is because diet that would have normally been very healthy for pregnant women are either forbidden or not available within the cultural environment. Most of these cultural nutritional taboos arise from the classification of certain food as being associated with poor health outcomes in pregnancy or leading to other pregnancy complications such as miscarriage and complicated delivery (Lennox Petrucka & Bassendowski, 2017; Rianga, Broerse & Nangulu, 2017).

However, there may be the likelihood that those in urban areas might practice differently from those in rural areas, as well as the experience of the individual women, as that seems to be the situation in Gombe State.

It is known that adequate nutrition by pregnant women is vital for improving pregnancy outcomes. This is because it is a vital component for individual's health and wellbeing particularly during pregnancy. However, experience has shown that inadequate maternal nutrition results in increased risk of short term consequences such as Intra Uterine Growth Restriction (IUGR), low birth weight, preterm birth, prenatal and infant mortality and morbidity. Moreover, excessive intake of nutrient during pregnancy can lead to some pregnancy complications such as pre-eclampsia, and gestational diabetes, macrosomia, dystocia, and higher prevalence of cesarean section. On the other hand, as the long run outcomes, inadequate intake of nutrients were found to have pathophysiologic or metabolic depict that will appear as disorders of child growth and development as well as adult chronic disease after a long period of quiescence.

It is possible that it is the same thing happening in the area of the study which may lead to majority of them dying during pregnancy or child birth. Hence, the present study on nutritional behaviour and practice among women attending antenatal care in Gombe health facilities.

RESEARCH QUESTIONS

To provide direction to the work, the following research questions are stated.

- (1) What are the nutritional behaviours of women attending antenatal care in Gombe health facilities?
- (2) What are the types of nutritional foods consumed by women attending antenatal care in Gombe health facilities?

HYPOTHESIS

To give direction to the work, the following null hypotheses were stated.

- (1) There is no significant difference in the nutritional behaviour among women attending antenatal care based on location.

METHODS

Validity is the extent to which an instrument measures what it is designed to measure. The questionnaire for this study was validated by 3 experts that are not below the rank of a senior lecturer from the Department of Physical and Health Education in Faculty of Education, University of Jos. A copy of the draft questionnaire was given to them for the purpose of face and content validation, appropriateness of the items, clarity of statement in the instrument and whether or not the items are related to the subject under study. Necessary corrections and observations were

duly made. The observation done by the experts were duly followed. The corrections gave rise to the instrument that was used for the collection of information.

RESULTS

Table 1: Nutritional Behaviour of Women Attending Antenatal Care in Gombe Health Facilities

N = 326

S/N	Items	YES		NO	
		f	%	f	%
1.	Nutritional intake depends on cultural belief.	215	66.0	111	34.0
2.	Nutritional intake depends on physiological changes.	231	70.9	95	29.1
3.	Love eating fats than carbohydrates.	183	56.2	143	43.9
4.	Sugar in high quantity.	165	50.7	161	49.3
5.	Eat food with high amount of energy.	272	83.5	54	16.5
6.	Eat four to five meals.	214	65.7	112	34.3
7.	Eat at interval of 4 to 5 hours.	251	77.0	75	23.0
8.	Fruits and vegetables.	283	86.9	43	13.1
9.	Diet rich in salty, sweet snacks.	228	70.0	98	30.0
10.	High composition and quantity of food.	257	78.9	69	21.1
11.	Presence of juice.	239	73.4	87	26.6
12.	Fried foods	267	82.0	59	18.0
13.	Diet rich in fruits and vegetables	309	94.8	17	5.2
14.	Knowledge on nutrition	317	97.3	9	2.7
15.	Nature of environment	305	93.6	21	6.4

Average Total = 76.5

The results in Table 1 show that the respondents have positive nutritional behaviour in all the items as indicated by a highest score of 97.3% and a lowest score of 50.7%.

Table 2: Types of Nutritional Food Consumed by Women attending Antenatal Care in Gombe Health Facilities

N = 326

S/N	ITEMS	Yes		No	
		f	%	f	%
1.	Take carbohydrate and fibre.	314	96.4	12	3.6
2.	Consume proteins.	282	86.6	44	13.4
3.	Eat food rich in vitamins.	308	94.5	18	5.5
4.	Take food that contains minerals.	304	93.3	22	6.7
5.	Drink water many times a day.	315	96.7	11	3.3
6.	Drink at least ½ a litre per day.	278	85.3	48	14.7

The result in Table 3 shows that drink water many times a day 315 (96.7%), take carbohydrate and fibre 314 (96.4%), eat food rich in vitamins 308 (94.5%), take foods that contain minerals 304 (93.3%), consume proteins 283 (86.6%), drink at least ½ a litre of water per day 278 (85.3%) were the types of nutritional food consumed by women attending antenatal care.

Table 3: Summary of t-test Analysis of the Significant Difference between the Nutritional Behaviour among Women attending Antenatal Care and their Location

Location	N	$\bar{X}$	SD	DF	t-value	P-value	Decision
Urban	273	1.78	0.41	324	13.82	0.000	Reject Ho ₁
Rural	53	1.00	0.00				

At 0.05 level of significance

The result in Table 6 shows that the t-test calculated value was 13.82 with a P-value of 0.000 at $df = 324$. Since the P-value is less than the 0.05 level of significance ($P = 0.000 < 0.05$), we reject the null hypothesis (H_{01}) which states that there is no significant difference in the nutritional behaviour among women attending antenatal care based on location. Therefore, the alternative hypothesis (H_{a1}) be upheld and it was concluded that there is a significant difference in the nutritional behaviour among women attending antenatal care based on location. By implication, women attending antenatal care in urban areas showed high level of nutritional behaviour than those attending antenatal care in rural areas.

DISCUSSION

Nutritional Behaviour of Women Attending Antenatal Care

The result in Table 1 shows that the respondents have positive nutritional behaviour in all the items as indicated by a highest score of 97.3% and a lowest score of 50.7%. When it was verified it was discovered that there is a significant difference in the nutritional behaviour among women attending antenatal care based on location. By implication, women attending antenatal care in urban areas showed high level of nutritional behaviour than those attending antenatal care in rural areas. This result was expected because there is high availability of health care centres and antenatal care in the urban areas than in the rural areas. In line with this, positive behaviour towards healthy food choices have been showed to be influenced by the nature of environment (Kinyua, 2013).

Nemutanzhela (2020) also stressed that firm behaviour towards healthy practices acquired through nutrition towards healthy practices acquired through nutrition knowledge are likely to exhibit positive healthy behaviour over long term. Healthy outcomes will result when positive behaviour strongly influence beliefs about consequences of action taken in food choices.

Types of Nutritional Food Consumed by Women Attending Antenatal Care

The result in Table 3 shows that drinking water many times a day 315 (96.7%), take carbohydrate and fibre 314 (96.4%), eat food rich in vitamins 308 (94.5%), take food that contains minerals 304 (93.3%), consume protein 283 (86.6%), drink at least $\frac{1}{2}$ a litre of water per day 278 (85.3%) were the types of nutritional food consumed by women attending antenatal care. This result was expected because the respondents have high level of knowledge on nutrition hence it could be seen from their responses. Added to this Brown (2011), water plays an essential role in the prevention of pregnancy fatigue, a problem experienced by many pregnant women globally. By drinking adequate amount of water daily, pregnant women can ensure dehydration does not occur and furthermore, prevents exhaustion and chronic fatigue as well as headaches and dizziness (Warriner, 2018).

Samuel (2012) stated that your physical and mental health is maintained by what you eat because what you put into the body affects all of your organs and tissues. A faulty or inadequate diet greatly hinders mental and physical efficiency. A diet that is faulty injures your body and keeps your kind from functioning effectively. He stressed that eating right and eating adequate amount of food at the right time and hour is very important. Our diet should be simple, made up of simple food, both raw and properly cooked ones, free from excess fats, flesh meats and complicated mixtures.

CONCLUSION

Based on the findings of the study, the following conclusions were drawn:

Majority of the women attending antenatal care in Gombe health facilities, had positive nutritional behaviour, they ate food with high amount of energy, they ate four to five meals a day, they consumed diet rich in fruits and vegetables. Also, they had good knowledge on nutrition and had a

conducive environment. They knew nutritional intake does not depend on physiological and cultural beliefs.

RECOMMENDATIONS

- (1) The result that the respondents have positive nutritional behaviour in all the items as indicated by a highest score of 97.3% and a lowest score of 50.7%. Be noted by public health officers and be encouraged through lectures, seminars and workshop, during antenatal visitations in health facilities.
- (2) The result that certain foods make respondents uncomfortable should be noted by health care providers to give orientation on the importance of preparing good food and using demonstrations and shooting films during antenatal sessions.

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