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Dietary Practices Oflactating and Pregnant Women in Bomo Clan, Southern Ijaw Local Government Area, Bayelsa State, Nigeria

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Abstract

The study investigated dietary practices in Bomo clan, Southern Ijaw Local Government Area, Bayelsa State. To set the tone for the study, cross-sectional design was adopted. Also,both probability (simple random) and non-probability (purposive) sampling techniques were used to select four (4) communities in Bomoclane. With an estimated proportion of 0.1, Cochran statistics revealed a sample size of one hundred and thirty-eight (138). However, data were retrieved from 113 (81.9) of pregnant and lactating women. Furthermore, the study adopted triangulation method for data collection. For instrument reliability, Cronbach Alpha was set at 0.7. Data collected using structured questionnaire were analyzed with simple percentage and Chi-Square. The analysis was done with the aid of Statistical Package for Social Sciences (SPSS) version 23.0. The study revealed that aroma, aroused the appetite for food intake among pregnant and lactating women, pregnant women had preference for food prepared by some one else, income level of respondents influenced dietary behaviour among others. Therefore, the study recommended thatthe Federal Ministry of Humanitarian Affairs Disaster Management and Social Development should provide an economic buffer that will assist pregnant and lactating women in meeting their dietary needs and etc.

Key words: Dietary practice; Lactating women; Pregnant women

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INTRODUCTION

The foods individuals consume has relationship with their growth and wellbeing, including lactating or pregnant women (Rizva, 2013). These are known periods of increased nutrition and energy demands (Doyle &Spallek, 2016). But not all the food items are available to all. To some, they may have the resources to procure but may not easily find one, and to others they be available but cannot make an effective demand. Thus, availability and accessibility may be determinant factors in the acquisition and consumption of certain food items. The Bomoclan in Southern Ijaw, like every other society consumes various food items. The type of food they consumed may be defined by the culture or received knowledge. Being a typical rural area, access to various needs including medical and some types of food items needed for healthy growth and development may be limited, with locally sourced foods in higher patronage due to perception, availability and possibly cost. The consumption of many food items may also have some relationship with attained status, knowledge and experience (Brozek, et al, 2018; Tenew, Arega & Tachbele, 2019). The Bomo is thus specially favoured for a study like this.

STATEMENT OF THE PROBLEM

Nutrition is believed to have a lot of effects on any living thing be they humans or animals. Similarly, the new born need milk from the mother's mammary gland to live. The relevance of nutrition and lactation demands that women (expectant and lactating) need better diets which would be transferred to the fetus/baby.

Diets taken by societies differs so also the accessibility and what is considered appropriate or otherwise. During these periods' women reject certain food items and consume ones at other periods hey would not try. The Bomo are only accessible by marine transportation

and so it is natural that the dietary behaviour of such disadvantaged society may markedly differ from many others. It thus becomes imperative for this study to reveal the dietary practices of their women, which we believe have not been studied earlier.

OBJECTIVES OF THE STUDY

The general objective of the study is to investigate the dietarybehaviour of lactating and pregnant women among the Bomo people of South-South Nigeria. The specific objectives are:

To ascertain thedietary behaviour of lactating and pregnant women among the Bomo people.

To find out the factors influencing dietarybehaviour among lactating and pregnant women in Bomo clan.

To discover the effects of the dietary behaviour among lactating and pregnant women among Bomo people.

METHODOLOGY

A cross-sectional design was adopted for this study. Ajoku (2006) opined that cross sectional design is very useful in gathering data from different individuals at a given point in time. The study population comprise both lactating and pregnant women in Bomo clan. The study adoptedCochran statisticswith an estimated proportion of (0.1), analysis returned a sample size of 138 for the study. The simple random sampling techniques was used in selecting four communities (Diebu, Opuama, Eniwari andEkowe) in Bomo clan. Furthermore, the purposive sampling technique was used in selecting only pregnant and lactating women from the four (randomly) selected communities.In gathering primary data, structured questionnaire was adopted. In determining reliability, analysis revealed Cronbach Alpha of 0.83. This was slightly above 0.7, recommended by George and Mallery (2003), Aifuwa and Okogie (2015). The questionnaire was structured on the basis of Likert scale. Each response was coded accordingly: Strongly Disagree=1, Disagree = 2, Agree =3, Strongly Agree=4. Also, Chi-square and simple percentages was used in analyzing primary data.

RESULTS AND FINDINGS

Table 1
Analysis Response Rate

Questionnaire Distributed	138(100.0)
Valid Questionnaire	113(81.9)
Invalid Questionnaire	25(18.1)

Table (1) above, shows the analysis response rate of pregnant and lactating women in Bomo clan. According to the table, 138(100.0) copies of questionnaire was distributed to respondents, of this lot, only 113(81.9) was found valid while 25(18.1) was invalid. Thus, analysis was based on 113 (81.9) copies of questionnaire that were found valid.

Table 2
Chi-square Cross tabulation of Socio-Demographic Variables of Pregnant and Lactating Women in Bomo Clan

Variables	Communities in Bomo Clan							
	Diebu 15(13.3)	**Opuama 38(33.6)**	**Eniwari 23(20.4)**	**Ekowe 37(32.7)**	**Total 113(100.0)**		**DF**	**P- value**
Age								
18-25	15(13.3)	4(3.5)	0(0.0)	0(0.0)	19(16.8)	144.827	9	0.000
26-32	0(0.0)	22(19.5)	0(0.0)	19(16.8)	41(36.3)			
33-39	0(0.0)	12(10.6)	5(4.4)	0(0.0)	17(15.0)			
40>	0(0.0)	0(0.0)	18(15.9)	18(15.9)	36(31.9)			
Education								
No formal education	15(13.3)	23(20.4)	13(11.5)	0(0.0)	51(45.1)	67.298	9	0.000
Primary	0(0.0)	5(4.4)	10(8.8)	21(18.6)	36(31.9)			
Secondary	0(0.0)	3(2.7)	0(0.0)	5(4.4)	12(10.6)			
Tertiary	0(0.0)	7(6.2)	0(0.0)	5(4.4)	12(10.6)			
Occupation								
Unemployed	15(13.3)	23(20.4)	1(0.9)	0(0.0)	39(34.5)	160.199	12	0.000
Farming/Fishing	0(0.0)	(0.0)	22(19.5)	15(13.3)	37(32.7)			
Trading	0(0.0)	0(0.0)	0(0.0)	21(18.6)	21(18.6)			
Civil Servant	0(0.0)	8(7.1)	0(0.0)	1(0.9)	9(8.0)			
Others	0(0.0)	7(6.2)	0(0.0)	0(0.0)	7(6.2)			
Number of child birth								
1-3	15(13.3)	23(20.4)	1(0.9)	0(0.0)	39(34.5)	118.671	9	0.000
4-6	0(0.0)	5(4.4)	4(3.5)	0(0.0)	9(8.0)			
7-9	0(0.0)	0(0.0)	18(15.9)	12(10.6)	30(26.5)			
10>	0(0.0)	10(8.8)	0(0.0)	25(22.1)	35(31.0)			

Source: Field Survey

Table (2) shows the socio-demographic characteristics of pregnant and lactating women in Bomo clan. A breakdown of the analysis shows that majority 38(33.6) of respondents resided in Opuama, followed by 37(32.7) for respondents who resided at Ekowe, 23(20.4) of respondents resided at Eniwari while minority of 15(13.3) resided at Diebu community respectively. On the basis of age, analysis indicates that majority of 41(36.3) respondents fall within the age limit of 26-32 years, followed by 36(31.9) of respondents that are within the age limit of 40 years and above. Also, 19(16.8) of respondents fall within the age bracket of 18-25 years while a least score of 17(15.0) was reported for respondents who fall within the age limit of 33-39 years accordingly. According to table (2), majority of 51(45.1) respondents had no formal education, 36(31.9) had primary education. Analysis reported tie of 12 (10.6) for respondents who had secondary education and tertiary education accordingly. On the basis of occupation, result showed that majority of 39(34.5) of respondents were unemployed, 37(32.7) were farmers/ fisher women, 21 (18.6) of respondents were traders while 9 (8.0) of respondents were civil servants. Analysis for number of child births indicated that, majority 39(34.5) of respondents recorded 1-3, 35(31.0) of respondents recorded 10 and above, 30(26.5) of respondents recorded 7-9 while a least score of 9(8.0) respondents reported 4-6 child births.

Table 3
Chi-square Cross tabulation of Dietary Behaviourof Lactating and Pregnant Women

Variables	Category of Respondents					
	Pregnant 74(65.5)	Lactating 39(34.5)	Total 113(100.0)		DF	P- value
How often do you eat per day						
Often	43(38.1)	0(0.0)	43(38.1)	50.501	3	0.000
Sometimes	11(9.7)	30(26.5)	41(36.3)			
Most times	12(10.6)	4(3.5)	16(14.2)			
Regularly	8(7.1)	5(4.4)	13(11.5)			
Rate your overall appetite for food						
Very High	0(0.0)	16(14.2)	16(14.2)	68.228	3	0.000
High	1(0.9)	8(7.1)	9(8.0)			
Low	20(17.7)	14(12.4)	34(30.1)			
Very Low	53(46.9)	1(0.9)	54(47.8)			
Meals prepared by some else taste better						
Strongly Agree	36(31.9)	3(2.7)	39(34.5)	35.801	3	0.000
Agree	22(19.5)	15(13.3)	37(32.7)			
Disagree	16(14.2)	9(8.0)	25(22.1)			
Strongly Disagree	0(0.0)	12(10.6)	12(10.6)			
What kind of food do you prefer						
Vegetables	36(31.9)	0(0.0)	36(31.9)	64.641	7	0.000
Fruits	18(15.9)	4(3.5)	22(19.5)			
Plantain	12(10.6)	16(14.2)	28(24.8)			
Cassava flour	0(0.0)	5(4.4)	5(4.4)			
Beans/Rice	0(0.0)	6(5.3)	6(5.3)			
Starch/Fufu	0(0.0)	4(3.5)	4(3.5)			
Yam	1(0.9)	4(3.5)	5(4.4)			
Others	7(6.2)	0(0.0)	7(6.2)			

Source: Field Survey

Table 3 shows the dietary behaviour of lactating and pregnant women. According to findings, majority 74(65.5) of respondents were pregnant while 39(34.5) of respondents were lactating women. A breakdown of the analysis shows that 43(38.1) of respondents often eat per day, followed by 41(36.3) of respondents that eat sometimes per day. A least score of 13(11.5) was reported for respondents that eats regularly. This explains a significant relationship between eating pattern and category of respondents (P<0.000, Df=3This also shows that majority (38.1) of pregnant women often eat on daily basis. On the basis of rating overall appetite for food, analysis shows a significant relationship between appetite for food and category of respondents (P<0.000, Df=3). A breakdown of the analysis indicates that majority of 54(47.8) respondents had very low appetite for food, followed by 34(30.1) for low appetite for food. However, 16(14.2) of respondents reported very high appetite for food while a least score of 9(8.0) reported high appetite for food. Thus, it is agreeable that pregnant women (46.9) had very low appetite for food compared to lactating women (0.9). Furthermore, table (3) indicated that 39(34.5) of respondents strongly agreed that meals prepared by someone else taste better, 37(32.7) agreed, 25(22.1) disagreed while 12(10.6) strongly disagreed. This explains a significant relationship between taste of food

and category of respondents (P<0.000, Df=3). Based on this result, it is evident that mostpregnant women (31.9) prefer eating food prepared by someone else. When respondents were asked about the kind of food they prefer, majority of pregnant women preferred vegetable while majority of lactating women preferred plantain. This corroborates a significant relationship between choice of food and category of respondents (P<0.000, Df=7). However, the overall statistics indicates that majority of 36(31.9) respondents preferred vegetables, 28(24.8) preferred plantain, 22(19.5) preferred fruits. A least score of 4(3.5) was reported for respondents that preferred starch/fufu accordingly.

Table 4
Chi-square Cross tabulation of Factors Influencing Dietary Behaviour among Lactating and Pregnant Women

Variables	Category of Respondents					
	Lactating 74(65.5)	Pregnant 39(34.5)	Total 113(100.0)		DF	P-value
Income level						
<5,000	27(23.9)	0(0.0)	27(23.9)	69.496	4	0.000
6,000-9,000	26(23.0)	1(0.9)	27(23.9)			
10,000-12,000	16(14.2)	7(6.2)	23(20.4)			
13,000-15,000	5(4.4)	20(17.7)	25(22.1)			
16,000>	0(0.0)	11(9.7)	11(9.7)			
High cost of food						
Strongly Agree	70(61.9)	8(7.1)	78(69.0)	68.982	3	0.000
Agree	4(3.5)	9(8.0)	13(11.5)			
Disagree	0(0.0)	11(9.7)	11(9.7)			
Strongly Disagree	0(0.0)	11(9.7)	11(9.7)			
Advice from nurses and doctors						
Strongly Agree	21(18.6)	8(7.1)	29(25.7)	21.907	3	0.000
Agree	28(24.8)	9(8.0)	37(32.7)			
Disagree	9(8.0)	20(17.7)	29(25.7)			
Strongly Disagree	16(14.2)	2(1.8)	18(15.9)			
You prefer consuming foods that will help the child						
Strongly Agree	22(19.5)	0(0.0)	22(19.5)	54.078	3	0.000
Agree	18(15.9)	5(4.4)	23(20.4)			
Disagree	34(30.1)	13(11.5)	47(41.6)			
Strongly Disagree	0(0.0)	21(18.6)	21(18.6)			
What arouse your appetite for food						
Aroma	45(39.8)	0(0.0)	45(39.8)	77.336	7	0.000
Taste	25(22.1)	8(7.1)	33(29.2)			
Hygiene	4(3.5)	4(3.5)	8(7.1)			
The way the food is prepared	0(0.0)	7(6.2)	7(6.2)			
The way the food is served	0(0.0)	3(2.7)	3(2.7)			
Personality of the cook/chef	0(0.0)	8(7.1)	8(7.1)			
Food ingredient	0(0.0)	7(6.2)	7(6.2)			
Others	0(0.0)	2(1.8)	2(1.8)			

Source: Field Survey

Table 5
Chi-Square Cross Tabulation: Effects of The Dietary Behaviouramong Lactating and Pregnant Women in Bomo Clan

Variables	Category of Respondents					
	Lactating 74(65.5)	Pregnant 39(34.5)	Total 113(100.0)		DF	P-value
Do your choice of food affect you in any way						
Yes	54(47.8)	17(15.0)	71(62.8)	9.442	1	0.002
No	20(17.7)	22(19.5)	42(37.2)			
Rate the severity of food intake effect						
Very severe	32(28.3)	0(0.0)	32(28.3)	24.629	3	0.000
Severe	18(15.9)	14(12.4)	32(28.3)			
Not severe	8(7.1)	11(9.7)	19(16.8)			
Not very severe	16(14.2)	14(12.4)	30(26.5)			
Lactating women are likely to eat more than pregnant women						
Strongly Agree	40(35.4)	0(0.0)	40(35.4)	35.962	3	0.000
Agree	14(12.4)	23(20.4)	37(32.7)			
Disagree	6(5.3)	7(6.2)	13(11.5)			
Strongly Disagree	14(12.4)	9(8.0)	23(20.4)			
Poor food intake affects your baby						
Strongly Agree	63(55.8)	11(9.7)	74(65.5)	49.664	3	0.000
Agree	0(0.0)	11(9.7)	74(65.5)			
Disagree	0(0.0)	8(7.1)	8(7.1)			
Strongly Disagree	11(9.7)	9(8.0)	20(17.7)			
Quality food intake affects physical appearance						
Strongly Agree	38(33.6)	6(5.3)	44(38.9)	32.239	3	0.000
Agree	12(10.6)	12(10.6)	24(21.2)			
Disagree	6(5.3)	18(15.9)	24(21.2)			
Strongly Disagree	18(15.9)	3(2.7)	21(18.6)			

Source: Field Survey

Table 4 shows the factors influencing dietary behaviour of respondents. Firstly, analysis shows a significant relationship between income level and dietary behaviour (P<0.000, Df=4). A breakdown of the analysis shows that majority of 27(23.9) respondents had monthly income of less than 5,000 and 6,000-9,000 respectively. Also, 25(22.1) of respondents had monthly income of 13,000-15,000 while minority 11(9.7) of respondents reported an increase in monthly income of 16,000 and above. From the analysis, it is clear that majority 27(23.9) of lactating women earned less than 5,000 on monthly basis while majority 20(17.7) of pregnant women earned 13,000-15,000 on monthly basis. Therefore, pregnant women recorded high monthly income compared to lactating women during the period of study. In analyzing the effects of cost of food on dietary behaviour, result showed a significant relationship between both variables (P<0.000, Df=3). This could be explained by majority response of 78(69.0) that strongly agreed that high cost of food affect their dietary bahaviour. A breakdown of the analysis indicates that70(61.9) of lactating womenand 8(7.1) of

pregnant women responded in affirmative. Further probe by the researcher revealed that advice from nurses and doctors (P<0.000, Df= 3) affected dietary behaviour of 28(24.8) lactating women and 9(8.0) of pregnant women. This provides an overall majority response of 37(32.7) for respondents that agreed that advice from nurses and doctors influence their dietary behaviour. Also, when respondents were asked if they preferred food that aid child development, analysis revealed that majority 47(41.6) of respondents responded negative. This could be explained by 34(30.1) for lactating women and 13(11.5) for pregnant women that disagreed that they prefer eating food that help their child. In summary, analysis also showed how food preference significantly affects dietary behaviour of respondents (P<0.000, Df=3). In the same vein, analysis showed a significant relationship between appetite for food and dietary behavior for respondents. A breakdown of the analysis, showed that majority 45(39.8) of respondents agreed that aroma arouse their appetite for food, followed by 23(22.1) for taste, 4(3.5) for hygiene.

Table 5 shows the effects of dietary behaviour among pregnant and lactating women in Bomo clan. Firstly, analysis revealed that choice of food had effects on respondents (P<0.002, Df=1). A breakdown of the analysis shows that majority 71(62.8) of respondents responded in affirmative. This comprise 54(47.8) of lactating women and 17(15.0) of pregnant women. Furthermore, analysis showed that severity of food intake affectsrespondents (P<0.000, Df=3). A breakdown of the analysis indicates that majority 32(28.3) of respondents reported that severe food intake had effect on pregnant and lactating women. On the contrary, a least score of 19(16.8) of respondents indicated that their food intake was not severe. The overall statistics of affirmative response shows 18(15.9) for lactating women and 14(12.4) for pregnant women respectively. Attempt by the researcher to discover if lactating women are likely to eat more than pregnant women, analysis revealed an affirmative response of 40(35.4). A breakdown of the analysis shows that lactating women represented the overwhelming majority. This explains a significant effect ofdietatrybehaviour (P<0.000, Df=3) on respondents. According to table (5), results affirmed that poor food intake affects respondents (P<0.000, Df=3). This is because, 63(55.8) of lactating women and 11(9.7) of pregnant women strongly agreed to this fact. Thus, cumulating into overall majority response of 74(65.5). On the contrary, a least score of 8(7.1) disagreed to this assertion. Further breakdown of minority response indicates that 8(7.1) of pregnant women disagreed that poor food intake had effect on their baby. Finally, attempt to find out if quality of food intake affects physical appearance of lactating and pregnant women, analysis showed an overwhelming majority response of 44(38.9). A breakdown of the analysis showed that, 38(33.6) of lactating women and 6(5.3) of pregnant women strongly agreed that quality of food intake had effects on them (P<0.000, Df=3).

DISCUSSION OF FINDINGS

Firstly, the study revealed that majority 74(65.5) of respondents are lactating women while a least score 39(34.5) was reported for pregnant women. Secondly, the study showed that appetite for food was a major determinant of dietary behaviour (P>.000, Df=3). Also, preference for who prepared the meal influenced dietary behaviour (P<0.000, Df=3), as majority 39(34.5) of pregnant and lactating women affirmed that food prepared by someone else taste better. Thus, on the basis of food preference, the study revealed that majority of 36(31.9) respondents preferred vegetables to other foods. Analysis further showed that income level of both pregnant and lactating women influenced dietary behaviour (P<0.000, Df=4). Data collected from the field also showed that high cost of foods affects dietary behaviour of respondents (0.000, Df=3). In the same vein, aroma (P<0.000, Df=7) arouse appetite for food among respondents. Analysis further revealed that lactating women (18.9) experienced severe food intake, against (12.4) of pregnant women that reported sever food intake. The study also revealed that poor food intake affects the baby (P<0.000, Df=3), same for physical appearance (P<0.000, Df=3).

CONCLUSION

In view of the above revelations, the study concludes that lactating and pregnant women hold different preference for food intake and factors that arouse appetite for food. However, income level to a great extent influence the dietary behaviour of bothpregnant and lactating women.

RECOMMENDATION

The Federal Ministry of Humanitarian Affairs Disaster Management and Social Development (FMHDSD) should provide an economic buffer that will assist in meeting the dietary needs of pregnant and lactating women in Bomo clan and beyond.

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