

Psychosocial Factors Affecting Attitudes and Practices of Child Nutrition among Women in Ibadan Metropolis, Nigeria.

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Submitted: 01 Apr 2017; Accepted: 06 Apr 2017; Published: 10 Apr 2017

Abstract

Good nutrition is nourishment for life. An adequate supply of food and proper nutritional habit are fundamental factors that place people of all races and developmental stages for healthy living. The study examined and analysed the psycho-social factors affecting the attitudes and practises of child nutrition among women in Ibadan metropolis. The study adopted a descriptive survey research design. The target population comprised all the mothers who brought their children to the hospitals and clinics in Ibadan metropolis. A random sampling of women with children of 130 respondents was made, using knowledge of nutrition, socioeconomic factors and family background criteria among other. A self-administered questionnaire as well as a structured interview schedule were used to collect the requisite data which includes maternal knowledge, attitude towards nutrition, and child feeding practises among other. The data was analysed using ANOVA and Regression statistics. The result of the study revealed a significant position of maternal knowledge of nutrition as it affects the psychosocial factors of age, occupation, and educational qualification ($F=3.67$, $P<0.05$). The result also revealed a multiple regression of 0.476 and 19.1% of the variance in knowledge was shown by the coefficient of determination ($R^2 = 0.191$). Based on the results of the study, maternal knowledge on nutrition should be encourage and human nutritionist should organise seminars, workshops and campaigns to further assist women on their children feeding practises and finally the observed psychosocial factors that are found to be relevant on child feeding practises should be encouraged.

Keywords: Psychosocial factors, Attitudes, Child feeding practises, Women, Ibadan Metropolis, Nigeria.

Introduction

Background of the study

Good nutrition is nourishment for life. An adequate supply of food and proper nutritional habits are fundamental factors that place people of all races and developmental stages for healthy living. For infants and children however, the basic goals are satisfactory growth and avoidance of deficiency state.

Over the years, the health profile of each child has changed from largely infectious diseases to troubles affecting overall health, including social, emotional, psychological and learning problems. Thus, there is a substantial evidence of improving the quality of child nutrition. The declaration of the right of the child adopted by the general assembly of the United Nations describe a child has been physically and mentally immature hence, needs special safeguard and care in order to harmoniously develop his personality and to be well prepared to live as a functional individual in the society.

For the achievement of this goal in the life of any child, a family environment full of happiness, love and understanding is one of the prerequisite. Lahti revealed those prerequisites that elude

many children, numerous of them have reported to live in difficult conditions which have put their nutritional condition in pathetic states. This may result to disability, disorder that makes these children more susceptible to infections and diseases such as anaemia.

As more and more attentions are given to the importance of quality care, nutritional attitudes and stimulation needed for young children's growth and development, both internationally and within Nigeria. More comprehensive efforts are however made to improving childhood care, both within the family home, and the wider community, day-care centres and pre-primary institutions. In the same development, conscious attention into the problem of nutrition is necessary by relating the need to emphasize knowledge, attitudes of maternal towards the most vulnerable, disadvantaged and children under difficult circumstances. According to UN/SCN refugees and internally displaced population around Kakuna town in Kenya revealed a prevalence of malnutrition of 16.8% and high mortality rate [1].

It was also observed that children who were deprived would have psychological problems such as emotional and behavioural problem, learning and even nutritional problems. According to Obimba highlight some psychological factors that affect child nutrition as: death of the principal primary child-care giver who

could be father or mother, abject poverty, unemployment, constant absence from home by the parents-child neglect, the parent marital status and family size [2].

The inappropriate feeding practices by care-givers, probably stemming from cultural practices, increased consumption of starchy food in place of high nutrient food, thereby increasing incidence of protein- energy malnutrition, low levels of exclusive breastfeeding and high prevalence of micronutrient deficiencies in certain parts of the country. Previous studies have made valuable contributions in demonstrating the importance, occurrence of poor nutrition and thus relating these problems to multi-varied factors. The study in this regard, examines the psychosocial multi-faceted factors such as culture, religion, educational status among others affecting attitudes and practices of child nutrition in Ibadan metropolis.

Statement of the Problem

In sub-Saharan Africa and particularly Nigeria, it is commonly observed that there is stagnation of nutritional improvement. This has resulted in increased number of malnourished children often to some socio cultural problems, environmental and economic factors addressing the overall growth, development and optimal functioning of the child. In addition, the presence of specific nutritional deficiencies, mortality and the most common cause of preventable mental retardation, disease and disability.

It has been observed that the nutritional problems prevailing in the nation are linked to inadequate household food security, poverty, poor knowledge and inadequate information and what constitute a healthy feeding. Creating public awareness, initiating nutrition education programs to change nutrition behaviour at the individual and community level have not totally improved the present nutritional status hence; a significant proportion is receiving less than the daily minimum nutrient requirement. This has continued to constitute a big health challenge with increasing unhealthy eating habit patterns, negative attitudes and erroneous beliefs (fallacies) from norms and culture of the society.

Apart from inadequate or updated knowledge/information, other possible causes are inadequate food intake, care and deprivation of basic emotional needs. The study therefore investigated the psychosocial factors affecting attitudes and practices of child nutrition among women in Ibadan metropolis.

Objectives of the Study:

The primary objectives of this study are:

- Identify the present attitudes of nutrition on children nurtured by women.
- Examine the attitude of women towards child nutrition.
- Examine the respondent's child nutrition practices.

Literature Review

Concept of Nutrition

According to Paul and Walton, nutrition is defined as the science of food and how the body uses it in health and disease. This implies that the effectiveness and efficiency of body functions is a correlate of proper and adequate consumption of the needed amount of nutrients in food [3]. Good nutrition as averred by Csete, helps children to achieve their potentials [4]. She emphasised that to ensure continued good growth, children should be fed with nutrients and energy rich complementary food. Thus, nutrition is

concerned with the quality and availability of the food to the body. Moronkola affirmed that good nutrition is essential for good health [5]. It involves nutrient intake, which is adequate as quality the correct quantity and quality of food brings about a well-balanced individual physically, normally, socially, and emotionally.

Promoting Child Nutritional Health

According to Egbuleh the nutritional practices of the mother has a significant role in child health, growth and development [6]. Similarly, Briskley referred to nutrition practice as protection [7]. This implies that child nutrition in the act of providing adequate nourishment for body growth, care giving behaviour that is highly inevitable constitutes an indicator for child health as well as an important factor of concern for the advocacy of the United Nations Children Fund on child risk measurement (United Nations Subcommittee on Human Nutrition 2000).

Munoz, Krebs-Smith, Ballard-Barbash, and Cleveland reported that only 1% of all children have eating pattern that are consistent with dietary recommendation. They further explained that in America, 45% of school children eat less than one serving fruit, 20% eat less than one serving of vegetables, while only 18% of girls aged 9-19 years meet their calcium requirement. Studies of under-five mortality in Nigeria showed 43% stunted and 36% underweight [8]. Hence, the federal government of Nigeria and the United Nations Children's Fund established a Nutrition Programme Plan 1997-2001 to ensure adequate nutrition for children and to tackle the problems of inadequate nutrition in the Nigerian society.

The concern for child health had received much attention because of the future of human society depends on children being able to achieve their optimal potentials. According to Weller and Duncombe the possibility of infants growing into healthy children can be actualized through a sensible pattern of feeding during the first few years of life.

Holford opines that what a child is fed with to a large extent determine the health and dietary habits for life [9]. He stressed further that as a parent, the time spent nourishing a child probably may be the greatest contribution one can make to their development. Noting the snack culture, adult needs conscious effort to help their child develop good eating habit daily. Luster argued that good nutrition practices is maintained through higher childhood years when the child has discernment and capable of maintaining such culture in later life [10]. He expressed that mother should give children adequate food to prevent malnutrition. Ekoko said individuals indulge in bad lifestyle and poor eating habit that can be detrimental to their health [11]. He expressed that the present economic hardship in the country has led the low income earners in urban cities to adopt the lifestyle that is threatening to healthy feeding. Individuals only eat to fill their stomach. Paul and Walton observed that very few people choose the food they eat on the basis of nutrients contents and recommended dietary allowance. Most people base their decisions on habits, taste, felling, and what advertisement makes sound.

Child Malnutrition, Effects and Causes

Akinyele affirmed that malnutrition is the state where adequate nutrients are not delivered to the cells to provide the substrate optimal functioning [11]. He further added that it is a state where more nutrients than the cell's needs are consumed creating excesses which becomes injurious to the cells. Csete observed that

child malnutrition occurs where poverty and low status of women prevents families' regular access of adequate food, health services, sanitation, and where it is difficult to ensure proper cares and feeding of young children [4]. She further added that about one is three children under five years of age is malnourished as judge by their weight for an age and may be learning disabilities, be blind or partially sighted and hearing loss.

In Nigeria and other African countries, preschool age children have been observed to suffer from various forms of malnutrition especially protein energy and its effects includes not only physical but also intellectual attainment which may be considerably reduced [11]. However, the worldwide prevalence of protein-energy malnutrition, which contributes to more than half the 10.9 million deaths each year among children in developing countries, is slowly decreasing.

SCN reported that 30% of all babies born in South Asia have low birth weights, with rates of 14% in Sub-Saharan Africa, 15% in the Middle East and North Africa, 10% in Latin American and the Caribbean and 8% in East Asia and Pacific [7]. The data also suggests that 140 million pre-schoolers and more than 7 million pregnant women suffer from vitamin A deficiency every year with nearly 2 billion people (35.2%) worldwide has inadequate iodine nutrition.

WHO confirmed that malnutrition reduced work productivity, increases the risk of infection including HIV/AIDS, urine genital tract infection [6]. In addition, reported the adverse clinical effects of blindness anaemia, death, goitre on the health and development of infant and young children. The risk of complication during pregnancy in women, impaired growth, hidden hunger and hindered cognitive and mental development to mention a few. Thus, the effects of macro and micro nutrients malnutrition are just a tip of the iceberg.

Psychosocial Indications and Nutritional Practise

An adequate nutrient intake is needed to meet energy demands. The lack of balanced diet can reduce efficiency or competence of efforts. For instance, lack of motivation to cook food by working mothers may result in giving their children left over or cold cooked food as they often find it difficult to cook before leaving home. In this situation, human behaviour is influenced by values and habits that distinguish a particular individual. In other words, a person is largely formed by the type of values, attitudes and habits imbibed.

In Thailand, a study by Somarchai Durongdej of 365 children aged 0-48 months living in the low income congested area of Bangkok found that high birth weight, low morbidity, good appetite, antenatal care, well-baby clinic attendance, consumption of colostrums and current breastfeeding were greatly influenced by psychosocial factors. Durongdej et al. The lack of financial resources to pay for health services, food and lack of knowledge about prevention contributes to ill health and has serious consequence for both mother and child.

Children who are healthy, well nourished, happy and stimulated in the first few years of life are more likely to perform well in school and in later life. The manifestation of physical, cognitive and psychosocial development is evident in the physical growth of the child (height and weight), mastery of language and communication

skill, social skill and pre-literacy/numerical skill [9].

Research Hypotheses

The following hypotheses were formulated and tested at 0.05 level of significance

1. There is no significant difference between the personal and psychosocial characteristics of the respondents.
2. There is no significant difference between the psychosocial and maternal attitudes towards child nutrition.
3. There is no significant relationship between the psychosocial factors and child nutrition practice by mothers.

Methodology

This study is purposefully on the psychosocial factors affecting attitudes and practices of child nutrition among women in Ibadan metropolis. The research design adopted for this study is descriptive survey. This design was used because of its natural observation of the characteristics of the research subjects, which sharpen and intensify the systematic description of the existing situation embracing the psychosocial factors affecting attitudes and practices of child nutrition among women in Ibadan metropolis.

However, the descriptive survey offers no control over the research setting of deliberate manipulation of the variables. Also it is time consuming in comparative with other alternative methods but reasonable less in terms of cost.

The Study Population

The study population was drawn from the various health centres, clinics of the five local governments in Ibadan less city which are South-West Local Government, South-East Local Government, North-West Local Government, North-East Local Government and Ibadan North Local Government. The areas covered are Oni Memorial Children's Hospital, Maternity Center, Fako, Alafara Oje Health Center, Aremo Health Center, Oluyoro Catholic Hospital Eleta, Jericho Nursing Home, Onireke Health Center and University Teaching Hospital.

Women with infants and young children between 1year to 12years were considered to fill the questionnaires.

Sample Size and Sampling Technique

A convenient sample of 150 respondents was picked at random out of the target population, using such criteria as religion, social class and family size. A total of 150 questionnaires were administered and 20 copies were not properly filled, leaving 130 copies correctly filled.

Research Instrument

The instrument used by the researcher for the data collection is structured questionnaire. The structured questionnaire was designed to have the closed ended type of questionnaire items, which reflects the variables measured in the study. It also includes four points rating scale responses.

Section one consists of the demographic characteristics of the respondents and consisted of ten questions. Section two included eight items measuring the level of knowledge and nutrition. Section three comprises eleven items, which are designed to measure the attitudes held by these women. The items in each section of the questionnaire were structured in such a way that will

enable the respondents to select options given. Thus, the researcher constructed the questionnaire and assisted by two research assistants and an interpreter in Yoruba language to non-speakers in all the health centres, clinics, maternity home and market areas.

Method of Data Analysis

Data obtained from the selected respondents through the questionnaire formed the foundation for data analysis. Returned data were collated, coded, edited and processed using computer. The descriptive statistics of simple frequency count and percentage distribution were used for demographic characteristics of the respondents. The data was also analysed using ANOVA and Regression analysis.

Results and Discussions

Table 1: Demographic Characteristics of the Respondents

Variables		Frequency	Percentage
Marital Status	Married	270	69.3
	Widowed	15	03.8
	Divorced	72	18.5
	Separated	33	08.4
Ethnic:	Ibo	63	16.2
	Yoruba	276	70.8
	Hausa	36	09.2
	Others	15	03.8
Educational Qualification:	No Education	15	03.8
	Primary	48	12.3
	WAEC/GCE/SSCE	78	20.0
	OND/NCE/HND	180	46.2
	Degree and Above	69	17.7
Occupation:	Civil Servants	108	27.7
	Petty Trading	99	25.5
	Professionalism	72	18.5
	Vocation	72	18.5
	Housewife	39	10.0
Religion:	Islam	51	13.1
	Traditional	21	05.4
Age:	Christianity	318	81.5
	15 – 25	72	18.5
	26 – 35	135	34.6
	35 and Above	183	46.9

The results on the demographic characteristics of the respondents centred on the age, marital status, the ethnicity, religion, occupation, and educational qualification. The marital status of the respondents revealed that, the single in the study 74 (18.5%), married 198 (50.8%), widowed 15 (3.8%), divorced 72 (18.5%), and separated 33 (8.4%). This implies that, the married (50.8%) had the highest representation with the widowed (3.8%) having the least representation. The data on ethnic representation revealed that, the Yoruba's 376 (70.8%) with the highest representation may have been attributed to the location of the study. While the least represented in the study are the others on the table with 36(9.2%).

The educational qualification of the respondents revealed that respondents with OND/NCE/HND had the highest representation with 180 (46.2%), followed by those with university degree 69 (17.7%) and the least are those with on formal education 15 (3.8%). The data on occupation revealed that the civil servants 108 (27.7%) had the highest representation, followed by the traders 99 (25.5%), the professionals and vocational have 72 each 918.6% and the least, the housewife 39 (10.0%).

The data on religion revealed that, Christian religion had the highest representation with 318 (81.6%) followed by Islam with 51(13.1%) and traditional religion as the least representation 21 (5, 4%). The age of the respondents revealed that, those within the age bracket of 35 and above had the highest representation with 185 (46.9%) while the least respondents falls within the age bracket of 15 years to 25 years representing (18.5%).

Test of Hypothesis

Hypothesis 1

There is no significant difference between the personal and psychosocial characteristics of the respondents

Table 2: Summary of Anova on Maternal Attitudes and Child Nutrition

	Sum of squares	Df	Mean square	F	Sig. (p)
Between group	587.06	4	146.77	3.67	.007
Within group	4885.61	122	40.046		

The table 2 shows that f-ratio is 3.67 while the corresponding p value is 0.007. P value is less than 0.05 at alpha level of significance; hence the null hypothesis is rejected. Therefore, the conclusion can be drawn that psychological factors be significant effect on maternal knowledge of child nutrition.

Table 3(I): summary of regression of the effect of psychosocial factors on maternal attitude of child nutrition.

Model	R	R ²	Adjust R ²	Sta. Error of Estimate
	0.437	0.191	0.051	7.1066

Table 3(II): Coefficients

	Unstandardized B	Coefficients Sta. Error	Standardized Beta	t	Sig.
Constant	38.392	8.340		4.604	0.000
Age	-1.166	1.652	-0.121	-0.706	0.483
Marital Status	2.042	1.455	0.216	1.404	0.166
Tribe	0.798	1.898	0.064	0.420	0.676
Religion	0.815	1.536	0.094	0.530	0.598
Occupation	-8.195E-02	0.879	-0.016	-0.093	0.926
Educational Qualification	-1.949	1.105	-0.304	-1.764	0.840
Family Structure	0.813	1.675	0.092	0.485	0.629
Income per Month	4.144E-02	1.110	0.006	0.037	0.970
Number of Children	0.128	0.835	0.022	0.879	

The result in table 3 (I & II) shows that combining all the variables in psychological and maternal knowledge gives a multiple regression of 0.437. All the variables combined together explained 19.1% of the variance in knowledge as shown by the co-efficient of determination [R²=0.191] Result under co-efficient indicate that unstandardized regression religion, family structure, income

per month, number of children have positive relationships with maternal knowledge and the remaining variable have negative relationship with maternal knowledge of child nutrition.

HYPOTHESIS TWO

There will not be significant effect of psychosocial factors on maternal attitude towards child nutrition.

Table 4: ANOVA: Comparison of Marital Attitude of Child Nutrition Based on Psychological Factors.

	Sum of squares	df	Mean square	F	Sig. (p)
Between group	441.127	4	110.282	6.472	.000
Within group	2027.809	119	17.040		

From table 5, F-ratio is 6.472 with corresponding P value equals 0.000. Since Pvalue is less than 0.05 of alpha level of significance, then the null hypothesis is rejected. Hence, it can be concluded that psychological factors have significant effect on materials attitude to child nutrition.

Table 5(I): Summary of Regression of the Effect of Psychological Factors on Maternal Attitude Toward Child Nutrition.

R	R ²	Adjust R ²	Standard Error of the Estimate
0.500 ^a	0.250	0.120	3.9219

Predictors: (constant), Number of children, occupation income per month marital status, educational qualification, tribe, age, religion, and family structure.

Table 6(II): ANOVA

Variable	Sum of squares	df	Mean square	F	Sig.
Regression	266.440	9	29.604	1.925	0.69 ^a
Residual	799.834	52	15.381		

Predictors: (constant), Number of children, occupation income per month marital status, educational qualification, tribe, age, religion, and family structure.

Dependent Variable: **ATTITUDE**

Table 6(III): Co-efficient

Variable	Unstandardized B	Coefficients Sta. Error	Standardized Beta	t	Sig.
Constant	25.087	4.602		5.451	0.000
Age	-0.334	0.911	-0.061	-0.366	0.716
Marital Status	1.253	0.803	0.231	1.560	0.125
Tribe	-1.837	1.048	-0.258	-1.753	0.085
Religion	0.798	0.848	0.161	0.941	0.351
Occupation	0.331	0.485	-0.113	-0.683	0.498
Educational Qualification	-0.771	0.610	-0.210	-1.264	0.212
Family Structure	1.087	0.924	0.214	1.176	0.245
Income per Month	-0.292	0.612	-0.070	-0.476	0.636
Number of Children	-0.167	0.461	-0.051	-0.362	0.719

A: Dependent variable: ATTITUDE

Results in table 6(I, II & III) reveal that when all the variables in psychosocial factors were combined, and correlated with attitude

by maternal and correlation of 0.500 was obtained. This explains 25% of the variance in maternal attitudes on child nutrition as shown by co-efficient of determination ($R^2=0.250$)

The F-ratio is 1.925, significant at $P < 0.69$

The coefficients of regression of psychosocial factors of age, tribe, occupation, educational qualification, income per month and number of children have negative relationship with maternal.

HYPOTHESIS THREE

There is no significant effect of psychosocial factors on maternal practice of child nutrition.

	Sum of Squares	df	Mean Square	f	Sign
Between Groups	279.49	3	93.16	3.05	0.031 ^a
Within Groups	3539.64	116	30.51		
Total					

$P < 0.05$

F-ratio as shown in the table above is 3.053, while P-value is 0.031. the value of P is less than 0.05 alpha level of significance, hence the null hypothesis there is rejected. Therefore, there is a significant effect of maternal psychosocial factors on their practice of child nutrition.

Conclusion

Based on the findings of the study, it can be summarily concluded that psychosocial factors affect the attitudes and practises of child nutrition. The psychosocial factors such as income, education, religion, family background, occupation, attitudes, perception of some foods not taking cognizance of and daily consumption affect the nutrition of many children. It is believed in this study that maternal knowledge is associated with the practices of child nutrition. Hence, it can be concluded that psychosocial factors have significant effect on maternal attitude to child nutrition. Specific issues around childhood malnutrition, under nutrition can be prevented if caregivers and maternal are putting into practice guidelines on proper nutrition requirements intake. Providing a strong supportive childcare that identifies the need of a child must be addressed to prevent mortality and morbidity.

Recommendations

The following recommendations were made based on the outcome of this study:

- Social workers should be involved in identifying problems that affect child's development.
- Government at all levels, Ministry of Women Affairs, Women Organisation and other NGOs should organize enlightenment programmes to eradicate food taboos and myth in our society.
- Partnership among agencies, mass media to improve maternal awareness level on good food habits through educational programmes, health talks and publications.

Reference

1. Ekoko RO (2005) Promoting Quality of Life through Dietary Habits. 'Nigerian School Health Journal' 17: 175-187.
2. Obimba FU (1990) Promoting the welfare of the Nigerian Child through population education. In the rights of the Nigerian Child Ibadan.

3. Akinyele (2005) Poverty, Malnutrition and Public Health Dilemma of Disease, The Post Graduate School, University of Ibadan.
4. Csete J (1997) Malnutrition and Disability in the International Newsletter on Child Health and Disease Prevention. 'Child Health Dialogue' 4.
5. Moronkola OA (2003) Health Promoting Schools. Our Precious Need in O. Ayodele-Bamisaiye, I. A. Nwazuke and A. Okediran (Eds.) 'Education this millennium – Innovations in theory and practice' Ibadan: Macmillan 258-266.
6. Egbuleh I (2000) The Changing Roles of Women. 'Humanity Health Digest' 3: 23-28.
7. Briskley TG (2004) 'Human Nutrition in the Developing World'.
8. FGN and World Bank (1997) Nutrition Programme Plan of Operation 1997-2001 Abuja.
9. Holfords P (2004) New Optimum Nutrition Bible. Great Britain by Clowes Limited Beccles 357-358.
10. Luster C (2003) Meeting the Challenge to improve complementary feeding 'SCN NEWS: A Periodic Review of Developments in International Nutrition 27: 49.
11. Akinleye IO and Atimo T (1983) Food Problems and Nutrition Situation in Nigeria 1st Ed. Publication of 'National Institute for Policy and Strategic Studies'.
12. Munoz KA, Krebs-Smith SM, Ballard-Babash R, Cleveland LE. (1997) Food intake of US children and adolescents compared with recommendations. 'Paediatrics Journal' 100: 319-327.

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