

Knowledge of Infant Nutrition among Mothers in Enugu State, South Eastern, Nigeria: Implications for Social Work Practice

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Abstract

Malnutrition is widespread in Nigeria and has persisted at alarmingly high rate. Nutrition problems are at times due to lack of education and knowledge about healthy nutrition behaviours and practices. The purpose of this study was to examine the knowledge of infant nutrition in Enugu State, Nigeria. Ten focus-Group Discussions (FGDS) were conducted with seven (7) persons in each group comprising 5 young groups (18 – 35 years) and 5 old groups (36 years and above). The FGDS were analyzed using a thematic framework. The findings from the qualitative study showed that mothers had a very low perception on ways of improving children's health. For instance many of them were against feeding their infants with meat or eggs because of their cultural beliefs and had negative perceptions on the exclusive breastfeeding and immunization services in their communities. In view of the above, the findings highlight the need to employ education to correct many of these archaic cultural practices mostly found in Nigerian rural communities and invest in programmes that will enhance the knowledge of infant nutrition among mothers in Nigeria.

Keywords: Nutrition Knowledge, Immunization Services, Exclusive-Breastfeeding, Social Work, Enugu.

Introduction

Malnutrition exists in every society, whether it is technically advanced or newly developing. Recently, there has been an increase in the prevalence of malnutrition in Africa, which means that the goal set to reduce the levels of malnutrition by 50% between 1990 and 2015 may not be met (Mwangome et al., 2010). The number of under weight children in Africa increased from 26 million in 1990 to 32 million in 2000 (Blossner, et al., 2005). Many studies have shown that poor nutrition prevents children and even communities from reaching their

full potential and from participating fully in their social and economic life. Malnutrition, largely preventable contributed to more than half of the deaths of one fifth of the 5 million babies born in Nigeria (Onyezili, 2005). The prevalence of childhood under nutrition is alarmingly high in Nigeria, for instance, government of Nigeria and the United Nations children's fund (UNICEF) in 1993 revealed that Kano State in the Northern Savannah zone of the country faced worsening food insecurity (UNICEF/FGN, 1994). It had the highest prevalence in the country of stunting or chronic under nutrition among children under the age of five and alarming statistics for micronutrient deficiencies of vitamin A and iodine in children. This has led to the high incidence of malnutrition related diseases including marasmus, kwashiorkor and goiter (FAO/UNDP, 2001).

The major underlying causes of nutritional problems include poor maternal and child care practices, lack of awareness and education, family food insecurity, poor intra family food distribution, poor access to good quality health and sanitation services (World Bank, 2002). Poor nutrition is also caused by non-exclusive breast feeding, the early introduction of food other than breast milk and inadequate amounts of complementary foods, starting at about six months (Onyezili, 2005). A study conducted in Luang prabang province in 2007, showed that low maternal education, poor nutrition knowledge and restricted intake of meat and eggs were the main causes for childhood malnutrition (Phengxay, et al., 2007). Nutrition interventions that have been integrated into the health care system and are very effective in promoting child health in Nigeria include: the promotion of exclusive breast feeding for 6 months and continued breastfeeding up to two years of age and beyond, micronutrient supplements for children and optimal complementary feeding. Investment in childhood nutrition contributes not only to improving children's current welfare but to enhancing human's capacity in the long run (Victoria et al., 2008).

While mothers know that health and nutrition are important to the growth and development of their children, they do not necessarily know that the drastic reduction in infant mortality rate in Nigeria can not be easily achieved without the support of immunization services (Ngwu, 2011). This is because no matter the amount of nutrients or balanced meals/diets given to an infant, without immunization, the child still stands the risk of dying of other preventable communicable diseases such as whooping cough, measles, tuberculosis, tetanus etc. Immunization is the most powerful cost-effective means of preventing some of the deadly diseases of childhood (Obionu, 2001). It has been noted that immunization services, exclusive breast feeding and nutrition are some of the intervention strategies which promote the child's chances of survival. These intervention strategies are aimed not only at reducing infant mortality as a result of common childhood diseases but also to reduce the frequency and severity, thereby promoting child growth and development.

Theoretical Base

The analytical frame works adopted for this study include the psychosocial approach (Richmond, M., 1953) and behavioural counseling model (Thomson, 1992). The psychosocial approach provides a fuller perspective from which to determine the required strategies to address the problems of the study. In other words, the theory provides a more comprehensive explanation on the important sources of encouragement to a thorough and disciplined approach to the gathering of relevant information and to the drawing of relevant conclusions as the basis for planned and appropriate treatment of the malnutrition problems. Since the major system to which diagnosis and treatment are addressed is the person-in-situation configuration, it requires the social workers' effort to understand the mother/child's needs

and respond to them in an individualized way according to their understanding of those needs. Hence, in the views of Butrym (1967), relationship plays a focal part in the psychosocial therapy process, and this includes the recognition of the element of mutuality in it. The assumption has been and still remains that the nature of relationship between mother, child and social worker are the major determinant of the degree to which the child is helped. In this connection, the objective of the therapy is to foster healthy growth pattern in children. For instance, the greater the mother's active involvement in the change process, the greater her mastery of the interadaption process is likely to be. Psychosocial therapy thus, helps us to understand potentials of human beings.

Furthermore, the psychosocial approach would be complemented with the behavioural counselling theory in order to bring out clearly the theoretical bases of this study. This will obviously complete a change of attitude in parent's deep-rooted habits of not immunizing their children and lack of knowledge on the proper utilization of food and other nutritional elements required for healthy growth. In consequence, dietary inadequacies are the result of poor choices in buying the right food or by mothers having too little time to prepare food and feed their children. Thus; the behavioural counselling for women who are the main manager of family food will have a definite impact on how well their children are nourished. Through this they also learn from the emphasis placed on the prerequisite doctor's examinations, intake interview, required immunization and other health measures. The aim of this pilot study was to explore the knowledge of mothers on infant nutrition in Enugu, State Nigeria.

Materials and Methods

Study Site

The study was undertaken among mothers in ten (10) communities of Enugu State. The four communities which included Opi, Ihe/Owerre, Edem and Asata are referred to as the urban areas while other six communities, namely: Orhum, Mbu, Ogrute, Oboll-Afor, Ibagwa-Aka and Ovoko are referred to as the rural areas in the state because of their low economic status and infrastructural development.

Participants

The study involved young mothers whose age bracket falls within 18 – 39 years and the older mothers whose ages ranged from 40 years and above. The target population for this study was households with children aged between 0-5 years and in the chosen households, children above 5 years during the stated period were excluded.

Purposive sampling was adopted in selecting the respondents for the FGDS. This homogenous group of women was selected based on the fact that they can articulate themselves and contribute meaningfully to the study. Participants were chosen based on their consent and willingness to participate. These were conducted in locations, days and time chosen by the participants.

Focus Group Discussion

The researcher developed an FGD guide and this was done in line with the knowledge of infant nutrition. This guide included the following: what is the level of mother's knowledge on infant nutrition? Why is it that some mothers are not willing enough to present their children for immunization? How do mothers perceive exclusive breastfeeding in this community, suggest ways on how to improve on the health of under-5 children, and the role of social workers in the prevention of infant mortality? Some of these discussions were guided

by the existing literatures on the subject involved and through conducting informal discussions with the resident mothers in the ten communities.

During the FGD sessions, instruments like tape recorder and Note taking were used with permission granted by the FGD teams. The FGDS were moderated and facilitated by the researcher who incidentally speaks the local language fluently. The researcher was assisted by his two research assistants who were specifically trained for that purpose.

Analysis of Data on focus Group Discussion

The FGD transcripts were translated into English and a systematic analysis approach (De Negi, B; and Thomas, E, 2003) was adopted for analyzing the transcripts. This was done by going through the transcripts and selecting the emerging themes which were grouped into main themes and sub-themes as other new themes emerged (Mwangome, et al., 2010).

Qualitative Results

Study Participants

The FGDS were conducted with seven (7) persons in each group and 28 of the participants were residing in urban areas while 42 of them reside in rural setting. The level of education among mothers was generally high. For instance 55 of the mothers had their formal education and only 15 had no formal education. Other information involving individual religious denomination was not sought.

Themes Emerging from Focus-Group Discussion

The study examined the knowledge of infant nutrition among mothers in both urban and rural communities of Enugu state Nigeria. Some issues emerged as themes and are described below.

Nutrition Knowledge

From the participant's view on the issues of infant consumption of meat/eggs, it indicates that meat/eggs made little contributions to the nutrient intake of the population of children in South Eastern Nigeria. Women are aware of the protein content of meat/eggs but many of us could not feed our children with it, not that it is bad to do so, but how we can get it, since money is involved as one mother reported.

Women also reported that in this part of the country, children are not fed with meat/eggs because it is against the tradition of the people. More importantly it leads them to steal. For instance, if a child is in the habit of eating meat/eggs and it becomes a part of him, whenever he wants to eat it and it is not available, he can go further to steal money in order to buy it. Therefore, nobody wants his/her child to be a thief or glutton.

Basically, we know that certain fruits such as paw-paw, oranges, carrots, banana, etc can protect children from infectious diseases but who can afford them regularly except the rich people. Consumption of these fruits is seasonal in this community – in a particular time of the year when many people can access them. These practices were attributed to culture and lack of fund to purchase right kinds of food. This if unchecked may have a serious implication to the health of under-5 children and their mothers in most of these Nigerian communities.

Women also reported that food mashing was unfamiliar practice in their communities, although this affects their children. Many of them were inclined to disbelieve the link between food mashing and mixing it with meat broth to spoon feed infants. Not every woman can use

this method of food mashing because it requires absolute cleanliness in preparation as reported by a mother. A good number of these women are ignorant of these nutrition practices especially the mothers from rural areas.

Supports for Exclusive Breast Feeding

From the participant's responses, it showed that exclusive breastfeeding is not negatively perceived in their communities. Majority of them supported exclusive breast feeding. However the study women identified among other reasons why mothers are not interested in exclusive breast feeding.

---Our mothers usually advise against exclusive breastfeeding because of the health implications and their social/cultural beliefs. Again, some mothers do not want their breast to be floppy. They want to retain their breast shapes and this has made a lot of young women not to support exclusive breastfeeding in our community.

Mothers who are working shy away from exclusive breastfeeding because of their regular absence at home. And mothers who are HIV positive do not breast feed their children for the fear of mother-to-child transmission. Some mothers are ignorant and do not know the importance of exclusive breast feeding while some of them feel that they are not fit enough to breastfeed exclusively for six months – a female teacher in Ihe-Owere-Nsukka.

These reasons are closely related to social/cultural practices of the people. The problems associated with exclusive breastfeeding were identified by mothers as (a) the availability of infant formulas (b) social/cultural beliefs (c) poverty (d) not having enough time to practice it and (e) laziness of some mothers.

Perception of Immunization Services

The essence of the knowledge of nutritional needs as described by the participants is to have knowledge on what to feed children so as to have healthy babies. Adequate nutrition and immunization services are good combinations for healthy children. Although, with regards to the negative ways in which some mothers see immunization services, they believe that immunization is not necessary practice for their children. In one of the FDG sessions in Ibagwa-Aka in Igbo-Eze South L.G.A a woman had this to say:

--Many mothers in the rural areas believe that 'Ogwu Ngbochi Buzii Ogwu Nkpuye'- meaning that immunization no longer prevents disease but exposes their children to illness. Many of us in this community were not immunized when we were born and we have not died of any known diseases. To this group of women, immunizing their children can bring the disease about though mildly, rather than prevent the disease itself. Some mothers allege that immunization causes death of children and abscess. For these reasons, they (women) will not bring their children for immunization and some, when they do, they some times refuse to complete the immunization does.

Implications of the Findings to Social Work Practice in Nigeria

The National Association of social workers (NASW, 1999) stated that the primary mission of social work is to enhance human well-being and help meet the basic needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed and living in poverty. As this definition indicates, social work is an active, 'doing' profession that brings about positive changes in problem-solving or prevention. The 'why' of social work practice is addressed when social work is viewed as a response to concern or need?

Social workers have an obligation to be involved in bringing about positive changes in the nutritional needs of children. For instance, results from the study show that many mothers do not feed their infants with meat/eggs simply because of the cultural practices of the people which can cause serious health problems to the children. This, therefore, calls for massive enlightenment of the entire populace and not just the mothers. Social Workers should raise awareness and increase understanding of issues affecting infant nutrition amongst policy makers and general population through advocacy and social mobilization. Social worker's effective advocacy will help to reduce people's ignorance about infant nutrition, thereby ensuring better support for the nutrition practices.

Education in community health given by social workers has been shown to greatly enhance an individual's understanding of what is required for mothers to develop a positive nutritional condition and to help in creating the right kind of demand. Social workers are involved in community education which aims at discouraging some of the cultural beliefs of people which are no longer tenable or fashionable. For instance, in the study it was observed that many of the mothers were of the opinion that infants should not be allowed to eat meat or eggs for fear of becoming thieves or gluttons in their adulthood. This is a negative perception by mothers mostly from the rural communities. Traditional customs and behaviours of some groups may differ considerably from the expectations of the majority group and create dissonance which results in behaviour that is interpreted as maladaptive or dysfunctional (Ambrosino et al., 2005).

Our findings suggest that the major constraints to infant nutrition in Nigeria include poverty, cultural practices and ignorance. This being the case, there is need for social workers to work toward changing these cultural practices of people which have continued to contribute greatly to the death of infants in Nigeria. Social workers can also help in developing enlightenment campaigns/programmes using pamphlets, radio and TV jungles to educate mothers in this kind of stereotype which says that any infant who dared eat meat or eggs will become a thief or glutton in his adult age. The traditional beliefs and practices could affect child health and nutrition in different ways: (a) they could intercept and or complicate the disease status of children to the point of death or disability (b) they could deplete or limit the available family resources and (c) they could breed social stigma (Mwangome et al., 2010).

In this case, meat/eggs deprived children could be malnourished children. Another finding from the study that deserves the attention of social workers is that some mothers are not in support of exclusive breastfeeding. In the study, mothers believed that if they breastfeed their infants exclusively, they will not retain their breast shapes in the course of breastfeeding exclusively. Social workers need to educate the general public especially mothers that whether they breastfeed exclusively or not, breast do not retain the same shape and they can sag or become floppy based on individual body chemistry. It is necessary that every body should be made to know about the benefits of exclusive breastfeeding. The goal of educating mothers is not only to increase their breastfeeding knowledge and skill, but also to influence their attitudes towards breastfeeding.

Another good case for social work education emerged when a substantial number of mothers without reservations, agreed that they did not immunize their children because they felt feverish or sick after immunization. In this case, social workers are to educate and convince mothers to demand immunization for their children even when they are sick. Social workers should also mobilize community members and spreads the word about immunization and its importance to mothers. In other words, social workers are to use all available resources to mobilize, educate and encourage mothers and families to accept immunization

services as very important to the life of their children. According to Barker (1995), social workers help people increase their capacities for problem solving. They also help people obtain needed resources; facilitate interactions between individuals and between people and their environments, and influence social policies.

Limitations

Qualitative research was undoubtedly the most appropriate method of gaining an understanding of the child health and nutrition practices of mothers (Mwangome et al., 2010). However, the study was carried out when there was incessant report on the rising wave of child theft in Enugu State, and so, most of the rural women were skeptical about the questions that bordered on the nutrition of their children. From the questions asked by these women, it was obvious that they probably thought that the study could be a way of identifying locations of these children for easy abduction. This may have had some forms of effect on their responses. Secondly the study was carried out only in Enugu state and the findings may not be generalized to other states. This is due to the fact that there are cultures or behaviours that are peculiar to Enugu people and may not be the same in other states of the federation. This also may affect the findings and could lead us to wrong conclusions.

Conclusions

Understanding the nutritional problems of children is critical for attaining the millennium development goals (MDGS) set by the United Nations for education, health, nutrition and poverty. To lead a good nutrition practices for children, mothers ought to have some basic knowledge of infant nutrition. Knowledge of infant nutrition is necessary because most mothers feed their infants with inadequate nutrition due to lack of knowledge. This inappropriate system of food intake for a long period of time has been seen as one of the root causes of many physical ailments or illness in our society. Mothers who are poor are aware of the value of health and nutrition for their children adequate nutrition and required medical attention. Poverty leaves children vulnerable to malnutrition and disease. Studies have shown that lack of knowledge about healthy nutrition behaviours and practices is a major cause of poor nutrition in most of the developing countries. Mashing food and mixing it with meat broth to spoon feed infants should be encouraged among mothers or child caregivers since the infants are not developmentally or physiologically ready to ingest solid foods. There should be an urgent need to invest in programmes that will enhance the knowledge of infant nutrition in Nigeria.

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