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Breastfeeding Practices, Dietary Intake, and the Use of Contraceptives Among Some Selected Market Women in Osogbo, Osun State, Nigeria

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Abstract

Dietary intake is the daily eating pattern of an individual involving specific foods and calories consumed and relative quantities. This study assessed the breastfeeding practices, dietary intake and the use of contraceptives among some selected women in Osogbo, Osun state, Nigeria. A cross sectional descriptive study was used to assessed 332 women, using random sampling, a selected locations which are Alekuwodo, Okefia, Ayetoro and Oke-baale. Protested and a semi-structured questionnaire was the tool used for data collection. The result revealed that all the respondents were of reproductive age. 6.33% were underweight, 69.28% were normal, 14.75% were overweight while 9.64% were obese, 2.40% were hypotensive, 90.38% had normal blood pressure and 7.22% were hypertensive, 72.90% skip meal, and 27.10% didn't skip meal. The energy intake of the women was 1762.9kcal, which is lower compared to Recommended Dietary Allowance of adults (1800kcal - 2100kcal). 84.64% were aware of exclusive breastfeeding but 23.5% of them were not practicing exclusive breastfeeding. Also, All the women were aware of contraception, but 73.50% of said contraception had a side effect. Government policy and public health nutrition intervention/programmes should be more effective when they are targeted towards knowledge of nutrients intake, benefits of contraceptives and educate mothers on the benefits and importance of exclusive breastfeeding.

Keywords

Recommended Dietary Intake, Hypotension, Hypertensive, Exclusive Breastfeeding

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1. Introduction

Maternal nutrition refers to the nutritional needs of women during antenatal and breast- feeding [1]. Malnutrition is one of the most critical health problems among women in developing countries. It's usually a result of a combination of inadequate dietary intake of infection. Inadequate food intake is a consequence of insufficient food available at the household level, improper feeding practices in quantity and quality [2].

Dietary intake refers to the daily eating pattern of an individual involving specific foods and calorie consumed and in relative quantities, and It is generally known that poor dietary habits in which inadequate diet plays a significant role in human health [3].

Breastfeeding is the cornerstone for infants survival, also

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accounts for healthy brain development [4]. Breastfeeding initiation at early and breastfeeding helps in child survival, also account for healthy brain development, promote cognitive and sensory performance, and is noted for assessing performance in children. He further states that feeding and infant which only breast milk is advocated by stakeholders in health, is one of the most essential practice in an infant's life and the best way a mother can invest into the wellbeing of her child.

The promotion of family planning in countries with high birth rates has the potential of reducing poverty and hunger. while at the same time averting 32% of all maternal deaths and nearly 10% of child mortality [5]. Unintended pregnancy poses a significant challenge to reproductive health [6]. Each year, about 210 million women around the worldwide become pregnant, among which 36% are unplanned and, or unwanted. Nigeria currently has a high rate of maternal mortality [7] and 40% of these maternal deaths are due to complications of unsafe abortions as a response to unwanted pregnancy [8, 9]. The fertility rate in Nigeria is 5.7 children per woman [10]. Furthermore, family planning contributes to reduction in population growth, which subsequently leads to poverty reduction and preservation of the environment as well as demand for public goods and services [11]. Thus, this study aimed to assess the breastfeeding practices, dietary intake and the use of contraceptives among some selected women in Osogbo, Osun State Nigeria.

2. Materials and Method

This study was carried out to assess the breastfeeding practices, dietary intake and use of contraceptives among some selected women in Osogbo. A Purposive sampling technique was used in this study. A total number of 332 women of reproductive age (20-50years) was interviewed, and a questionnaire was distributed accordingly. The data collected for the study was analyzed descriptively using simple percentage. Statistical analysis was performed using statistical package for social sciences (Version 23.0, SPSS) software.

3. Result

Table 1. Socio-demographic Characteristics of Respondents.

VARIABLES Age/years	FREQUENCY (N)	PERCENTAGE (%)
20-25	26	7.83
26-35	254	76.51
36-50	52	15.66
Marital status		
Single	4	1.20
Married	326	98.2
Separated	1	0.3
Widow	1	0.3
Educational level of Respondents		
A level/pry school	21	6.32
NCE/ND	46	13.85
BSC/HND	245	73.81
MSC	20	6.02
Number of Children		
1-2	104	31.3
3-4	216	65.0
5-6	12	3.7
Monthly income of Respondents		
10-40k	42	12.66
51-80k	158	47.59
81 above	132	39.75

Table 2. Knowledge/Uses About Contraception.

VARIABLES Aware Of Contraceptive	FREQUENCY (N)	PERCENTAGE (%)
Yes	332	100
No	-	-
Source of Information		
Radio	78	23.49
Printed paper	39	11.75
Health Instructor	166	50.01
Family/Friends	49	14.75
Uses of contraception		
Allow child spacing	106	31.92
Prevent diseases	143	44.07
Prevent pregnancy	83	24.01
Methods of Contraceptive Used		
Male condom	197	59.35
Female condom	49	14.75
Injectable	32	9.63
Pills	42	12.65
Implants	12	3.61
Contraception has a side effect		
Yes	244	73.50
No	88	26.50
The Side effect of contraceptives		
Weight loss	24	7.22
Weight gain	133	66.59
Heavy menses	22	6.62
Infertility	16	4.81
Irregular menses	49	14.75

Table 3. Breastfeeding practices and nutritional status of respondents.

VARIABLES Exclusive Breastfeeding	FREQUENCY (N)	PERCENTAGE (%)
Yes	281	84.64
No	51	15.36
BM1		
Underweight	21	6.33
Normal	230	69.28
Overweight	49	14.75
Obese	32	9.64
Blood Pressure Value		
Hypotensive	8	2.40
Normal	300	90.38
Hypertensive	24	7.22
Skip Meal		
Yes	242	72.90
No	90	27.10

Table 4. 24 Hours dietary recall of the respondents.

VARIABLES	RDA STANDARD	RDA MET
ENERGY (kcal)	1800 - 2100kcal	1762.9KCAL
PROTEIN (g)	70 - 78g	65.4 + 26.7
FAT (g)	35 - 40g	41.7 + 6.2
CHO (g)	225 - 325g	281.5 + 103.9
VITAMIN A	700 – 900	757.5 + 120.8
VITAMIN C (mg)	65 - 90mg	104 + 110.8
RIBOFLAVIN (B2) (mg)	1.1 - 1.3mg	119 ± 0.58
Ca (mg)	1000 - 1300mg	680.1 ± 378.3
Mg (mg)	310 - 400mg/day	300.4 ± 164.3
Fe (mg)	8 - 18 mg/day	18.7 ± 9.8
Zn (mg)	8 - 11 mg/day	11.2 ± 4.2

From table 1 above in this study, 332 respondents were selected and this questionnaire was recruited. All the respondents were female in the age range between 20-50 years of age. The result shows that 7.83% were within 20-25years, 76.51% were within 26-35years while 15.66% were within 36-50 years of age, which was contract to a report of 4.6% for 20-25years and 4.8% for above 40 years while on 67.46% has a close range of 58.4% in his study. Adewale et al.[12]. Also, 1.20% were single mothers, 98.2% were married, 0.3% were separated and widowed, in which the result reveals that a contract result with 61.0% report for married, and has a similar range of 0.2 with 0.3% reported for widowed. Adewale et al. [12].

Moreover, 6.32% of the respondent had A level, 13.85% had NCE/ND, 73.81% had BSC/HND while 6.02% had MSC certificate which had a similar result with 6.72% reported to have a tertiary certificate and 7.1% for primary level certificate. Adewale et al,[12], while 65.0% of the respondent had the highest number of 2 children between 3-4 which may be due to the educational level and government policy of entitled to 4 children for household, which has a significant positive effect on their monthly income with 47.59% received the monthly income of between 51-80k per month.

Table 2 shows the respondents knowledge about contraception. All the respondents were aware of contraception but contrary to 27% recorded for not aware of contraception in their study. Adewale et al.[12] The commonest source of information was from health instructor in the hospitals (166[50.01%]), this was in relation to adewale et al,[12]. This finding could be due to higher number of hospitals and health centers available in study area. Other sources were family and friends (49[14.75%]), radio (78[23.49%]) printed paper (39[11.75%]) which was contrary to health care personnel in the hospitals reported (255[46.8%]), family and friends (168[30.7%]), radio (60[11.1%]), Print media (15[2.8%]) ij Adewale et al, [12]. When asked about the uses of contraception, 83(24.01%) said it is meant to present unwanted pregnancies, 143(44.07%) said it is used to prevent disease, while 106(31.92%) said it allow child spacing which is contrary to 416(76.1%) reported for unwanted pregnancies, 156(28.6%) while 270(49.5%) said it is for child spacing [12].

Methods of contraception known to respondents included the modem type which is male condom (59.35%), female condom (14.75%), injectable (9.63%), oral pills (9.63%) and implants (3.61%), which was contrary to the male condom (74.8%), female condom (43.3%), oral pills (57.7%) injectable (45.5%) and implants (19.1%) reported by Adewale et al, [12]. 244 (67.47%) respondents said contraception has side effects with irregular menses (49[14.75%]), infertility (16[4.61%]), Heavy menses (22[6.62%]), Weight gain (133[66.59%]), Weight loss (24[7.22%]) being the leading side effects mentioned. Also, from Table 3, in this study, 84.64% of the mother exclusively breastfeed their infants for a period of six months from birth which has a higher rate compared to Thakshila et al,[13], while only 15.36% do not practice exclusive breastfeeding. Also, 6.33% were underweight, 69.28% were normal, 14.75% were overweight, while 9.64% were obese which has a close range to 50.2% of women were normal and 4.5% of the women were underweight [13]. In addition, 2.40% of the respondents were hypotensive, 90.38% were normal while 7.22% were hypertensive. Moreover, the result reveals that 72.90% of the respondents skipped meals which could be due to the insufficient time for them to cook from home before going out and this contrary to 32.0% in their study [14]. Moreover, table 4 shows that the energy intake of the respondents was 1762.9kcal which is lower compared to Recommended Dietary Allowance of adult (1800kcal - 2100kcal). Protein intake was 65.4g, which was also lower than the Recommended Dietary Allowance intake of 85g. Moreover, the fat intake was 41.7 which was slightly higher than the RDA of adults between 35 - 40g. In addition, the Vitamin A intake of the respondents was 757.5mg which is normal with an RDA of between 700 - 900mg [15]. The low intake of energy, carbohydrate, protein, and some other vitamin by the selected women could be a result of the nature of their job, which involves sitting down throughout the working hour, eating away from home (especially lunch) and skipping meals.

4. Conclusion

It is important for women of childbearing age to meet nutritional guidelines both for their own health, during the increased nutritional demands of possible pregnancy and lactation, and for short- and long-term health of their offspring. Socio-economic and demographic factors influence food choices and resulting nutrient intake, resulting in significant differences along with income or ethnic lines. Community and public health nutrition interventions are most effective when they are targeted towards risk populations, and knowledge of nutrients, contraceptives in various sectors of the population

enables effective campaigns.

This study reveals that all the women in this survey were of reproductive stages as at they were aware of contraception, but some of them had/do not practices the use of contraception resulting in a very low level/prevalence rate usage of contraceptives.

Also, they do not meet the RDA recommended for their age group (1800 - 2100kcal per day) which was due to the fact that majority of them skipped meals and with their level of education, a certain percentage of (21.08%) among them were still malnourished.

The rate of awareness of exclusive breastfeeding was high among women in this study, but (23.5%) of them were not practicing exclusive breastfeeding, this shows their lack of understanding about the benefits of exclusive breastfeeding to mother and child. Therefore, Government should integrate and strengthen maternal nutrition (that could involve the male partner) in key health programs through community-based approaches. Programs to increase knowledge of all contraceptives methods and their effective use as required. Also Government policy and public health nutrition interventions/programs should be more effective when they are targeted towards risk population and knowledge of nutrients of concern in various sectors of the country population to enable effective campaigns. And there is a need to educate the mothers on the importance of exclusive breastfeeding and their families in reducing the gap between exclusive breastfeeding recommendation of practice and joint enlightenment should be organized for both male and female for them to understand the benefits of contraception. Moreover, the researcher supported that further study should be carried out on the benefits of exclusive breastfeeding to mother and child, and disadvantages of the use of implant contraceptive method.

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