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Original Research Article

Misconceptions in the Belief and Pattern of Feed among Pregnant Women in Owerri North Local Government Area in Imo State

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Abstract

The Study focused on the Misconceptions in the belief and pattern of feeding among pregnant women in Owerri North LGA of Imo State. The study adopted a descriptive survey research design with three research questions and formulated one null hypothesis. The symbolic interaction theory (SIT) was used for the study. A total of 200 respondents were selected from a target population of 400 pregnant women in the area. The simple random sampling technique was adopted for the sample selection. A dichotomously scored close ended questionnaire were used for data collection. This questionnaire was validated by three experts – two from the field of measurement and evaluation and the supervisor who invariably is a professional in research methods. The Pearson product moment correlation method was used to ascertain the internal consistency of the instrument and correlation index of 0.79 was obtained thereby establishing the reliability of the instrument. The data collected from the study was analyzed using the frequency count and simple percentage statistics to answer the research questions and the mean score and correlation analytic method to answer the null hypothesis, Result of the hypothesis testing showed that there is a very strong positive relationship between the variables tested. Findings obtained from the study revealed that pregnant women and children are the more vulnerable to restrictions of food misconceptions. Also foods like snails, paw-paw, grasscutter meat and okro are among the foods misconceived to cause harm on women during pregnancy. Recommendation; there should be attention to appropriate dietary behaviors and proper nutrient intake for pregnant women. Finally Nursing implications of the study was examined and the study was summarized.

Keywords: pregnant women, Misconceptions, symbolic interaction theory (SIT), hypothesis testing, Nursing.

INTRODUCTION

Women and children are among the world's most vulnerable in terms of unfavorable influences in the environment including insufficient nutrition, inadequate healthcare and poor education. In addition, pregnancy makes those factors high risk for women. It is also common to hear pregnant women complain about changes in their appetites.

Pregnancy is a celebrated state in many sub-Saharan African cultures, because it heralds the coming of a newborn into the world. However, many of these communities have undesirable maternal and child health indices, due to a variety of factors including poor maternal nutritional status. Dietary factors, clothing presence or absence of food restrictions, overall quality of the diet, feeding habits, dietary indiscretions, as well as inadequate knowledge of nutrition, are well-documented independent variables, associated with pregnancy outcome and maternal weight gain in pregnancy (Sholeye *et al.*, 2014).

Food taboos refer to the restriction of specific foods as a result of social or religious customs. In many traditional societies cultural norms and customs govern behaviour including during critical life stages like pregnancy. Pregnancy is a particular period when physiological nutrient demands are substantially increased. To meet this increased nutrient requirements for both the mother and the foetus, a pregnant woman is supposed to increase the amount and quality of food she consumes nevertheless when misconceptions of food that does exist the pregnant woman's ability to meet such increased demands can even be more compromised, Hence putting the woman at a greater risk of adverse pregnancy outcomes (Zerfu *et al.*, 2016).

According to the UNICEF foot care health conceptual framework in 1998, cultural norms that brews and believes lie within the cultural factors included as one of the basic causes of malnutrition fruitables which is a relatively common among poor communities especially in sub-saharan Africa is often more strictly practiced by pregnant and lactating mother to prevent what they perceive as harmful effects of these foods on the newborn this practice was this practice was described in Gambia where due to some traditional believes women of 'Fulla' ethnicity are usually forbidden from eating several types of food rich in carbohydrates and proteins and micronutrients during pregnancy. The study hypothesized that the food taboos may be a contributing factor to the high protein-caloric intrusion during childhood and pregnancy among these ethnic groups. Inadequate intake has been shown to be a major contributor to malnutrition which is an underlining factor in more than 50% of the core causes of childhood death in developing countries. Other studies have associated certain maternal socio-demographic factors with adherence to food taboos (Ekwochi *et al.,* 2016).

Social cultural practices and beliefs most often reflects in the attitudes of members of the community over generations. Women all over the world are faced with a range of choices when it comes to childbearing. There are direct and indirect medical causes of maternal mentality, other factors such as socio-cultural practices and poor access ability to maternal healthcare could influence decisions concerning their reproductive health. These practices can therefore have either positive or negative effects on maternal health outcome. Other practices of food taboos prevent pregnant women from eating certain food which may be of high nutrient values such as snails and eggs (Otoo *et al.,* 2015).

Therefore, this study aims at identifying the misconceptions in the belief and pattern of feeding among pregnant women in Owerri North Local Government Area of Imo State. A study of this nature has not been carried out in this area before it is therefore expected that findings from this study and the appropriate recommendations if implemented would be of great help to the pregnant women in the local government and the country at large and reducing maternal morbidity and mortality due to misconceptions in their feeding pattern.

MATERIALS AND METHODS

Research Design

The researcher used the descriptive design in conducting the study. Its major concern is to observe and describe phenomena, not to explain it or to establish relationships among variables. In this study a descriptive research design was chosen because the researcher wanted to present the general view of the participants (pregnant women) with a series of questions, which they had to answer.

Area of study

The research study was conducted in Owerri North Local Government Area in Imo State.

Target Population

The target population of this study comprised of pregnant women in Owerri Northi in March, 2020. The total number of pregnant women in March 2020 consisted of an estimated 400 pregnant woman.

Sample Size

This considering the size of the he population, a 50% sample was decided. The 50% of the total population is 200.

Sampling and sampling technique

A simple random sampling method was adopted to select the four hundred (400) pregnant women in Owerri North. The sample random sampling method allows for the random selection of study participants based on chance. This helped in the easy generalization of the study to a larger population.

Instrument of Data Collection

The instrument used for data collection in this study was a structured questionnaire formulated from the objectives and a way that all the research questions were answered. All questions are closed-ended. The Questionnaire was made closed five (5) parts:

SECTION A: This section of the study contained information about the study, its nature, usefulness of required information and also assured the respondents about confidentiality on every information provided by them.

SECTION B: This section comprised the respondents' demographic data and other personal data required for the study.

SECTION C: This part is made up of the Pregnant Women knowledge about misconceptions in the belief and pattern of feeding.

SECTION D: Is made up the risk factors associated with misconceptions in the belief and pattern of feeding.

SECTION E: This section will examine the effect of misconceptions in the beliefs and feeding on pregnant women in Owerri North L.G.A.

Validity of Instrument

Validity is the degree to which an instrument measures exactly what it is supposed to measure. The questionnaire used for the research was cross checked by the researcher supervisor, an expert and a dental professional. The contents validity was achieved by ensuring that all the questions asked are based on the research questions.

Reliability of Instruments

The reliability is defined as the consistency which the instrument does what it is supposed to do. A pre- test was conducted among Pregnant Women which

is not among those that were selected by the researcher in the sample to ascertain the reliability of the research instrument. A total of 30 questionnaires were given to 30 respondents who were drawn from Owerri Municipal for this purpose. The reason will be to determine whether the responses would be in line with the required result expected form the instrument. Then another set of same questionnaire were re-administered to the same 30 respondents. A week later, the responses were obtained and recorded using Pearson's product moment correlation coefficient (PPMCC) as the technique for analysis. The two scores obtained from the test and re-test procedure were calculated using (PPMCC) and the reliability index of 0.79 was obtained which shows that the instrument is positivity reliable.

Method of Data Collection

Questionnaires were administered by the researcher to the respondents. They well implored to participate in the study voluntarily and also to express their views freely. An instruction in form of a letter was attached to the questionnaires and the researcher explained to the respondents how to complete every section of questionnaire. This letter also explained the purpose of the research with an assurance of anonymity. A total of 160 questionnaires were disturbed.

Method of Data Analysis

The simple frequency distribution and simple percentage method were adopted in the data analysis of the study. The frequency distribution and simple percentage method were used in analysing the data obtained. In this study, the statistic used to analyze the data is anchored on the fact that the primary data was used for the research and it gives comprehensive and qualitative clarify to the study.

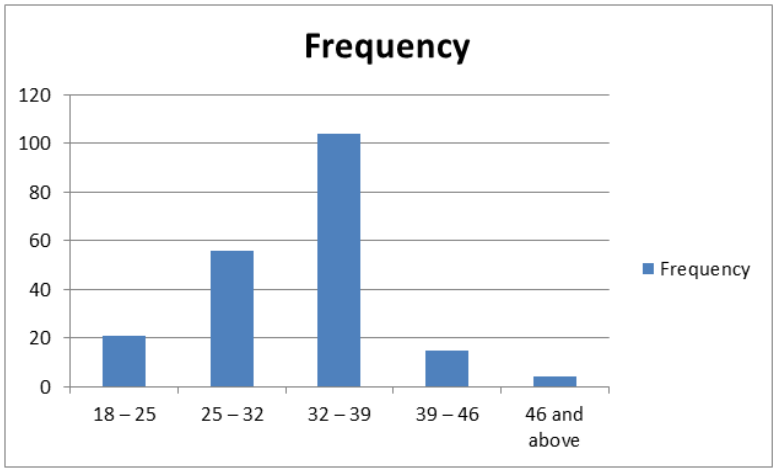
Ethical Consideration

A letter from the research was written through the student's advicer to the Head of Department of Nursing Science seeking for permission to carry out the study. Study participants were allowed to participate freely without coercion and after due explanation of the nature and purpose of the research to them. Their consents were obtained before questionnaire administration and minimal identifying information was obtained to ensure the anonymity of study participants and their responses. The researcher also ensure privacy and confidentially of the respondents.

RESULTS

Table 1: Distribution of the Respondents by Age

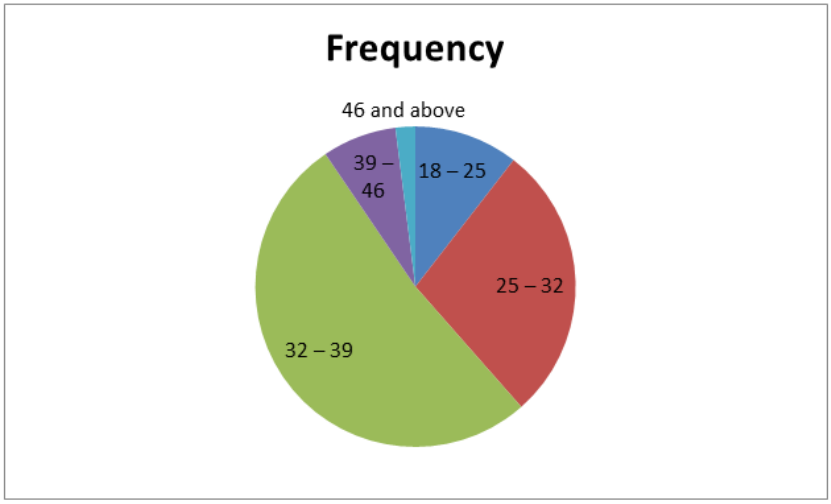
Age Bracket	Frequency
18 – 25	21
25 – 32	56
32 – 39	104
39 – 46	15
46 and above	4
TOTAL	**200**



The Histogram table above show the age bracket of respondents for the study. Those whose age falls between 18–25 were 21 in number, those between 25–32 were 56 in number, those between 32–39 years were 104 in number, and those between 39–46 were 15 in number and those between 46 and above were 4 in number. This implies that respondents of age bracket 32–39 years formed the actual population for the study.

Table 2: Distribution of Respondents by Occupation

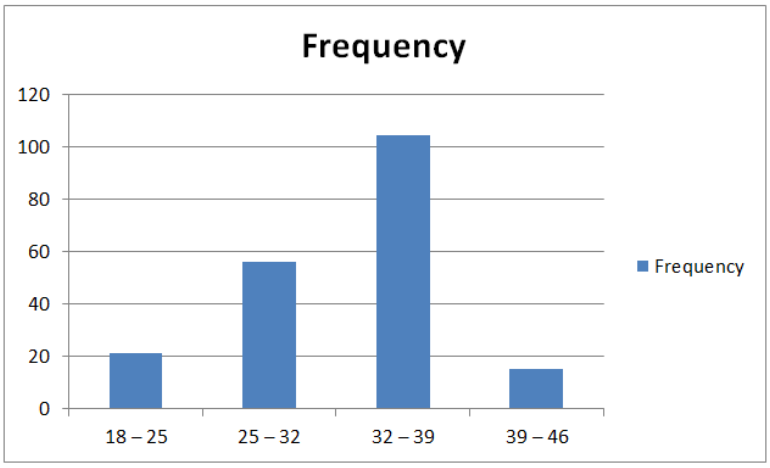
Occupation	Frequency
Student	64
Civil servant	112
Trader	15
Artisan	2
Unemployed	7
TOTAL	**200**



The Pie chart above depicts that Respondents whose occupation is schooling were 64 in number, those who are Civil Servants were 112 in number, and those who are Traders were 15 in number, Artisans were 2 in number while those who are Unemployed were 7 in number. This therefore implies that Respondents who are Civil servants and Students formed the actual population for the study.

Table 3: Distribution of the Respondents by Marital Status

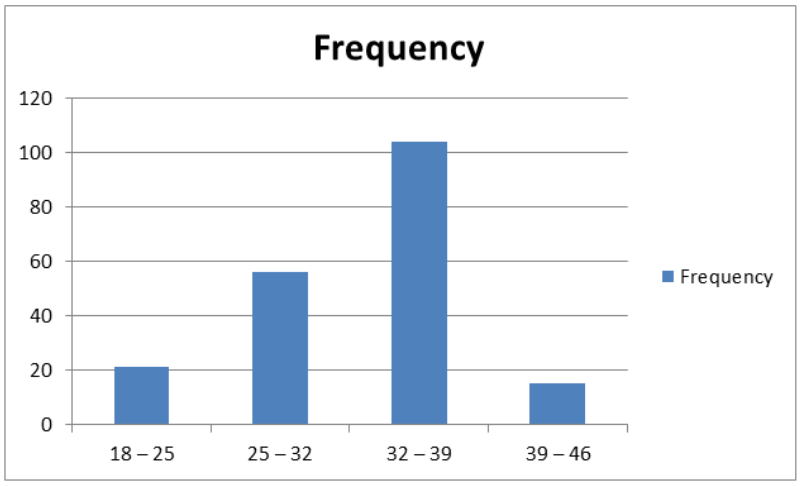
Marital Status	Frequency
Single	68
Married	105
Widowed	21
Separated/Divorced	6
TOTAL	**200**



The Bar Char above shows Respondents by Marital Status. Those who are Single were 68 in number, those who are Married were 105 in number, those who are Widowed were 21 and those who are Separated/Divorced were 6 in number. This therefore implies that Respondents who were married and single formed the actual population for the study.

Table 4: Distribution of the Respondents by Length of Marriage

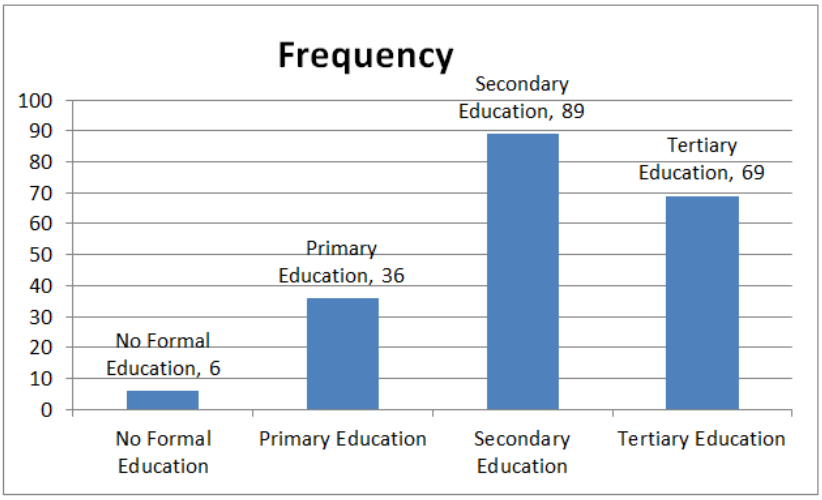
Length of Marriage	Frequency
1 – 5years	55
6 – 10years	81
11 – 15years	32
16 – 20years	20
21years & above	12
TOTAL	**200**



The Bar Chart shows that Respondents who are 1–5 years of Marriage were 55 in number, those who are 6–10 years of Marriage were 81 in number, those who are 11–15 years in marriage were 32 in number, those who are 16–20 years old in marriage were 20 in number and those who are 21years and above in marriage were 12. This implies that those who are 6–10 years and 1–5 years old in marriage formed the actual population for the study.

Table 5: Distribution of the Respondents by Educational Level

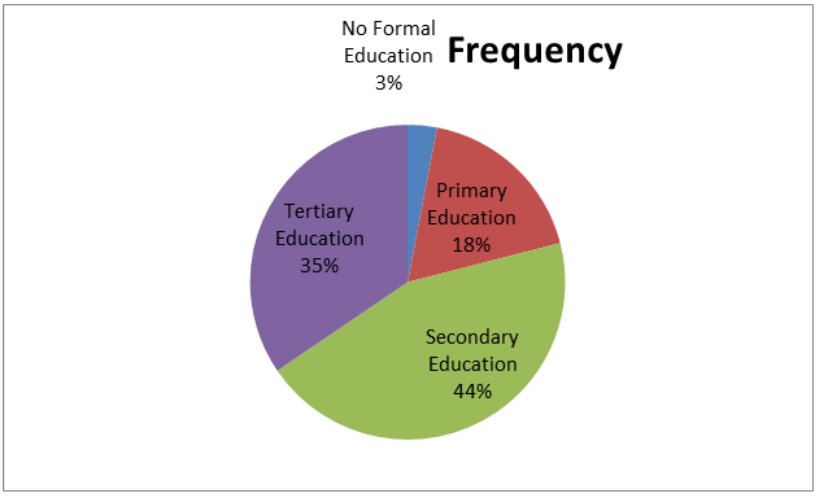
Educational Level	Frequency
No Formal Education	6
Primary Education	36
Secondary Education	89
Tertiary Education	69
TOTAL	**200**



The Histogram above shows level of education of respondents for the study. Those who have no formal education but were assisted to respond to the questionnaire by the research assistants were 6 in number. Those who went for primary education were 36 in number, those who had secondary education were 89 in number while those who had tertiary education were 69 in number. This implies that respondents who had secondary and tertiary education formed the actual population for the study.

Table 6: Distribution of Respondents by Religion

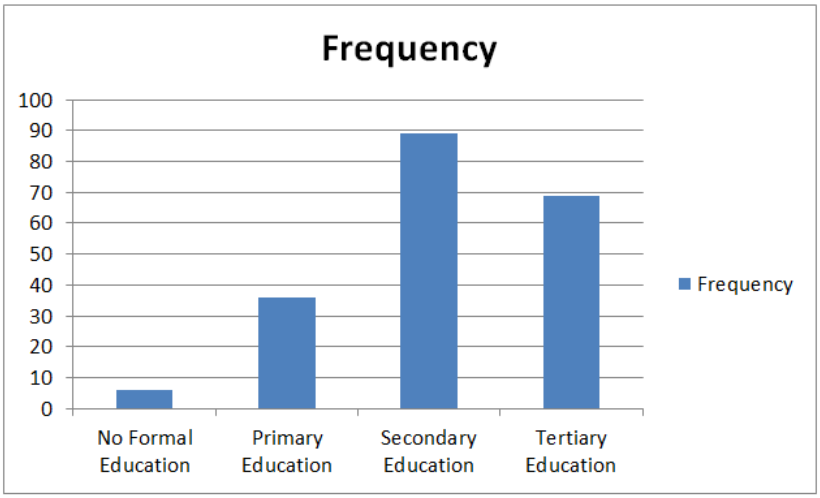
Religion	Frequency
Christianity	151
Islam	26
Paganism	15
Others	8
TOTAL	**200**



The Pie chart shows that respondents who are Christians were 151 in number, those who are Islam were 26 in number, those who are Pagans were 15 while the others were 8 in number. This implies that respondents whose religions is Christianity formed the actual population for the study.

Table 9: Distribution of the Respondents by No. of Children

No. of Children	Frequency
None	69
1 -3	38
4 – 6	82
7 & above	11
TOTAL	**200**



The Bar Char above depicts that Respondents who are yet to give birth to children were 69 in number. Those who have 1–3 children were 38 in number, those who have 4–6 children were 82 in number and those who have 7 children and above were 11 in number. This implies that Respondents who have 4–6 children and those with 1–3 children dominated the population or sample for the study.

Table 10: Frequencies and percentage response analysis of the knowledge level of the misconceptions in the belief and feeding pattern among pregnant women in Owerri North

S/N	Question/Item Options	Responses				
		Yes	%	No	%	Decision
1	Have you heard of feeding misconceptions before?	175	87.5	25	12.5	Accept
2	What was your source of information?					
	Posters/Handbills/flyers	11	5.5	189	94.5	Reject
	Newspaper/Magazines	28	14	172	86	Reject

S/N	Question/Item Options	Responses				
		Yes	%	No	%	Decision
	Library	5	2.5	195	97.5	Reject
	Friends/relatives	166	83	34	17	Accept
	Journals/Books/Encyclopedias	137	68.5	63	31.5	Accept
	Internet	115	57.5	85	42.5	Accept
	Health Education by health care works.	149	74.5	51	25.5	Accept
3	What do you understand by feeding misconceptions?					
	Eating excessive food that can cause abnormal growth of tissues in the body.	17	8.5	183	91.5	Reject
	Preventing pregnant women from eating certain foods like meat, eggs and snails.	83	41.5	117	58.5	Reject
	A cultural practice that helps pregnant women and children.	56	28	144	72	Reject
	Restriction of specific food as a result of cultural and religious beliefs	181	90.5	19	9.5	Accept
4	Is there any food considered to be unsuited for consumption by pregnant women in your area?	133	66.5	67	33.5	Accept
5	What are the foods?					
	Snail	169	84.5	31	15.5	Accept
	Okro	131	65.5	69	34.5	Accept
	Paw-paw	124	62	76	38	Accept
	Bush meat	155	77.5	45	22.5	Accept
6	Pregnant women should not eat bush meat such as grasscutter (Nchi) because it leads to a protracted and prolonged labour	140	70	60	30	Accept
7	Pregnant women don't eat paw-paw especially unripe one because it can lead to induced abortion.	128	64	72	36	Accept
8	Eating snail (Eju) leads the unborn baby to be salivating after delivery, so pregnant women should avoid eating it.	169	84.5	31	15.5	Accept
9	Pregnant women should avoid eating okro soup because it causes the child to have bald hair/scanty hairs	122	61	78	39	Accept
10	All the above are manifestations or signs of feeding misconceptions	183	91.5	17	8.5	Accept

Table 10 above shows frequency and percentage response analysis of the knowledge level of misconceptions in the belief and feeding pattern among pregnant women in Owerri North LGA. Findings from the analysis of this study reveal that in item No. 1, 175 respondents representing 87.5% response accepted they have heard of food misconceptions before and this was through varied sources like friends and relatives (83%), Journals/Books/Encyclopedias (68.5%), Internet (57.5%) and Health Education by health workers (74.5%). On what food misconception is all about, 181 respondents representing 90.5% response accepted that it is the restriction of specific foods as a result of cultural and religious beliefs. However, 133 or 66.5% response accepted there are foods that are considered unsuitable for consumption by pregnant women such as snail, okro, paw-paw and bush meat. Whereas 140 or 70% response accepted that pregnant women should not eat bush meat such as grasscutter because it leads to a prolonged labour, 128 or 64% response accepted they should not take paw-paw [unripe ones] for it leads to induced labour. Also 169 or 84.5% response accepted that eating snail leads pregnant women to give birth to babies that will be salivating frequently and 122 or 61% response accepted that they should stop eating okro soup because it cause the child to have bald hairs/scanty hairs. Nevertheless, 183 or 91.5% response accepted that all the above are manifestation of or signs of food misconceptions.

Table 11: Frequency and percentage response analysis on the risk factors that are associated with the misconceptions in the belief and feeding patterns of pregnant women

S/N	Question/Item Options	Responses					
		SA	A	D	SD	X	Decision
11	Which of these do you consider are the risk factors for feeding patterns and misconceptions.	80	81	20	19	622	Agree
	Cultural beliefs	320	243	40	19	3.1	
		51	58	60	31	529	Agree
	Limited access to safe, adequate and nutritious food.	204	174	120	31	2.7	
		44	57	49	50	495	Agree
	Food choice	176	171	98	50	2.5	

S/N	Question/Item Options	Responses					
		SA	A	D	SD	X	Decision
	Methods of food preparation and consumption pattern.	56 224	66 198	31 62	47 47	531 2.7	Agree
	No. of meals eaten per day, time of eating, the size of the portion eaten.	21 84	43 129	78 156	58 58	427 2.1	
	Food insecurity	14 56	39 117	66 132	81 81	386 1.9	
	Poverty and inappropriate food distribution	36 144	72 216	67 134	25 25	519 2.6	Agree
	Finance	45 180	56 168	50 100	49 49	497 2.5	Agree
	Level of Education	54 216	62 186	49 98	35 35	535 2.7	
	Religious beliefs	66 264	56 168	47 94	31 31	557 2.8	
12	What other factors predispose pregnant women to feeding misconceptions?						
	Mother-in-law influence	66 264	71 213	34 68	29 29	574 2.9	
	Fear of the unknown and illiteracy	54 216	62 186	49 98	35 35	535 2.7	
	Poverty	51 204	58 174	60 120	31 31	529 2.7	
	Community norms & tradition	56 224	65 195	48 96	31 31	546 2.7	
	Food insecurity and availability	14 54	38 76	68 136	80 80	346 1.7	
	Natural and man-made disaster on farmlands and on farm produce.	15 60	32 96	65 130	88 88	374 1.9	
13	Who do you think are to be held responsible for feeding misconceptions?	70	94	22	14	620	
	Elderly men and women in the community.	280	282	44	14	3.1	
	Mother-in-laws	51 204	58 174	60 120	31 31	529 2.7	
	Husbands of pregnant women	35 140	46 138	62 124	57 57	459 2.3	
	Traditional rulers	36 144	59 177	47 94	58 58	473 2.4	
	Government officials	16 64	40 120	81 162	63 63	409 2.1	

Table 11 above shows frequency and mean score response analysis on the risk factors associated with the misconceptions in the belief and feeding patterns of pregnant women in Owerri North. Findings from the analysis in item 11 reveals that mean scores of 3.1, 2.7, 2.5, 2.7, 2.6, 2.5, 2.7 and 2.8 respectively shows that respondents agreed that risk factors include cultural beliefs, limited access to safe, adequate and nutritious food, food choice, method of food preparation and consumption, poverty and inappropriate food distribution, finance, level of education and religious beliefs. Furthermore, mean scores of 2.9, 2.7, 2.7 and 2.7 which are greater than the reference mean of 2.5 indicate that respondents agreed that mother-in-law influence, literacy and community norms and traditions are other predisposing factors to food misconceptions in the study area. Lastly in item No. 13 has mean scores 3.1 and 2.7 that are above the criterion mean and this

shows that respondent agreed to options 13(a) and (b) which opins that elderly men and women in the community and most mother-in-laws are to be held responsible for holding tenaciously to food misconceptions.

Table 12: What are the effects of the misconceptions in the belief and feeding

S/N	Question/Item Options	Responses					
		SA	A	D	SD	X	Decision
14	I strongly belief in those food misconceptions.	76 304	101 303	18 36	5 5	648 3.2	Agree
15	People still belief in food misconceptions because They want to prevent the pregnant women and their children from death.	67 268	79 237	30 60	24 24	589 3.0	Agree
	They want to prevent the child from becoming a thief in the future.	35 140	46 138	62 124	57 57	459 2.3	Agree
	To prevent abnormalities in the child after birth.	71 284	93 279	24 48	12 12	623 3.1	Agree
	To ensure the mothers safety during delivery	70 280	75 225	32 64	33 33	602 3.0	Agree
16	Obeying those food misconceptions denies pregnant women a lot of dietary and nutritional food substances.	81 324	96 288	14 28	9 9	649 3.3	Agree
17	Continued belief in food misconceptions can lead to inadequate iron deficiency which results to anemia in pregnancy.	72 288	93 279	21 42	14 14	623 3.1	Agree

Table 12 above shows the mean score response analysis of the effects of food misconceptions on pregnant women of Owerri North L.G.A. The findings of this research question shows that a mean score of 3.2 respondents agreed that they strongly belief in the food misconceptions stated above. In item No. 15, mean scores of 3.0, 3.1 and 3.0 respectively agreed that people still believed in misconceptions because they want to prevent the pregnant women and their children from death, prevent abnormalities in the child after birth and ensure the mothers safety during delivery. Furthermore, a mean score of 3.3 indicated that respondents agreed that obeying food misconceptions deny pregnant women a lot of dietary and nutritious food substances and finally for question No. 17, a mean score of 3.1 agreed that continued belief in food misconceptions can lead to inadequate iron deficiency which eventually results to anemia in pregnancy.

Table 13: Correlational analysis on the relationship between risk factors and the effects of food misconception on pregnant women

S/N	Variables	Total No.	X	r	Remarks
1	RF	3893	556.1		
2	EFM	4193	599.0	0.83	Strong +ve relationship

Table 13 above shows an average mean score of 556.1 for risk factors associated with and effects of food misconceptions on pregnant women in Owerri North LGA in the year 2013. Analysis of the result reveals that there is a correlation index of 0.83 which indicates a strong positive relationship.

DISCUSSION

Findings from the analysis of this research question reveals that 175 respondents representing 87.5% response accepted that they have heard about the misconceptions against the belief and feedings pattern of pregnant women in the area under study and that their source of information was through friends and relatives, through journals, books and encyclopedias, internet and through health education by health care providers. This was in their varying degrees. On what misconception is all about, 181 respondents representing 90.5% response said that food misconceptions is restriction of specific foods as a result of cultural and religious beliefs still on food restrictions, 133 or 66.5% response maintained that certain foods like bush meat (Nchi), snail, paw-paw and okro are considered to be unsuitable for consumption by pregnant women in their area. As a matter of fact 140 respondents (70%) response acclaimed that bush meat like Nchi should not be eaten by pregnant women because it leads to protracted and prolonged labour.

Moreso, pregnant women do not eat paw-paw especially unripe ones because it leads them to induced labour. Pregnant women also should avoid eating snail (Eju) for it leads the unborn baby to be salivating. Moreover pregnant women should avoid eating okro because it causes the child to have bald or scanty head. All the options provided in this segment are manifestations of the misconceptions people have about feeding by pregnant women as is indicated by 183 or 91.5% response. Meanwhile, all the above findings go to support Otoo *et al.,* (2015) who posits that other

practices of food taboos prevent pregnant women from eating certain food which may be of high nutrient values such as snails and eggs.

Findings from the analysis of this research question reveals that respondents agreed that the following are some of the risk factors for feeding patterns and misconceptions cultural beliefs, limited access to safe, adequate and nutritious food; food choice, methods of food preparation and consumption pattern, poverty and inappropriate food distribution, finance, level of education and religious belief. On whom to hold responsible for food misconceptions majority of the respondents agreed that elderly men and women in the community as well as some mother-in-laws are to be held responsible for food misconceptions. On other factors, they added mother-in-law influence, fear of the unknown and illiteracy. Poverty as well as community norms and traditions.

Findings from the analysis of this research question reveals that majority of people still say the still belief in those misconceptions. As indicated within No. 15, respondents still belief in food misconceptions because of several reasons such as they want to prevent the pregnant women and their children from untold/unplanned death, to prevent abnormalities in the child after birth as well as to ensure the mothers safety during delivery. A high mean score of 3.3 agrees that obey those food misconceptions denies pregnant women a lot of dietary and nutritious food substances. Also a high mean score responses agreed that continued belief in food misconceptions can led to inadequate iron deficiency which results to anaemia in pregnancy. The above findings goes to support the opinion of Mohammad and Yee Ling (2016) who stated that severe food avoidance during pregnancy might deplete the body of important nutrients that can adversely affect the pregnancy and birth outcomes. According to them, evidence has shown that the amount of weight gained during pregnancy can affect the immediate and future health of a woman and her baby. Nevertheless, the result of the mill hypothesis tested in this study show a very strong positive relationship and this implies that the effects of food misconceptions are actually determine by the type of risk factors present/on course.

CONCLUSION

The study has painstakingly looked at the knowledge level of pregnant women on food misconception, risk factors associated with the misconceptions as well as the effects of the misconception on the belief and feeding pattern of pregnant women in Owerri North LGA. The study found out that many people are still tenaciously holding tight those food misconceptions which has not been proved scientifically true. However, women and children are among the most valunerable in terms of unfavourable influences in the environment including insufficient nutrition, inadequate health care and poor education. Dietary factors, clothing, presence or absence of food restrictions, overall quality of the diet, feeding habits, dietary indiscretions, as well as inadequate knowledge of nutrition are well documented independent variables that are associated with pregnancy. It has been noted that culture and religion have powerful influences on the food habit of a people. Nevertheless, pregnancy is the most nutritionally demanding stage in a woman's life and this stage demands extra calories and essential nutrients are needed every day to support the growth of the foetus. The study gathered from its literature review that local and national surveys suggest that diets of low socio-economics status are deficient in iron, zinc and vitamin A and C. So those taboos influences culture has on breast feeding, pregnancy and dietary behaviors should be relaxed, for they may be harmful, or disastrous during child birth and lactation.

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