Social Status of Women as a Predictor of Nutritional Status among Pregnant Women in Dekina Local Government Area, Kogi State

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Abstract
The dietary intake of pregnant women needs to provide energy and nutrients for the mother as well as the foetus. However, social status or valuation affects caloric intake among pregnant women in developing countries. The purpose of this study was to investigate social status of women as a predictor of nutritional status among pregnant women in Dekina Local Government Area, Kogi State. A correlation research design was used to investigate 204 respondents drawn from Primary Health Centres in the twelve political wards in Dekina LGA. The respondents were sampled from the health facilities in those wards through purposive sampling technique. A close–ended questionnaire was used to obtain responses from the respondents. Data collected for this study were analyzed using mean scores, standard deviation and Pearson product moment correlation coefficient analysis at the 0.05 level of significance. Pearson's correlation between means scores of social status of women (2.857) and nutritional status of pregnant women (2.966) showed r-value of 0.747 (critical value: 0.087) and a P-value of 0.000. The finding showed that social status of women is a significant predictor of nutritional status among pregnant women in Dekina Local Government Area, Kogi State. Based on the finding, it was recommended that socio-cultural practices that place greater valuation on certain household members over others should be abolished. This involves understanding and working within the deep structure of cultural settings.

Keywords: Social status of women, Nutritional status, Pregnant women, Dekina LGA.

Introduction

Diet and nutrition are important factors in the promotion and maintenance of maternal health in pregnancy. Human health is heavily dependent upon intake of adequate quantity and quality of food. A woman's nutritional status during pregnancy is of paramount importance because the foetus is directly affected by the mother's nutritional state (Mittal, 2017). When pregnant, the woman needs to change her food intake in order to compensate for the increase in her metabolic rate. An increased basal metabolic rate requires an increase in calories in order to maintain optimal physical function. However, the consumption of all foods is highly regulated by social, environmental and economic factors. These factors all interact in a complex manner to

shape the dietary consumption pattern and determine the nutritional status of pregnant women in rural areas (Sholeye et al., 2017).

Chatterjee and Lambert (2006) noted that social status or valuation has significant influence on caloric intake among pregnant women. Inadequate dietary intake and poor nutritional status among pregnant women are largely a result of the fact, established by anthropological observation, that women eat last and least, a reflection of the inferior social status they are accorded in the society throughout their life. Similarly, American Society for Nutritional Sciences (2007) reported that patterns of valuation of adult men over women are found in households in the form of preferential food allocation. This valuation has been linked in the literature to the current or future, perceived or actual, economic contribution of the women, as well as to their social valuation. Socio-political factors such as ethnic favouritism, social discrimination and gender inequality may also have an important impact on food access (Food and Agricultural Organization, 2014).

Chatterjee and Lambert (2006) observed that in a proportion of households, whereas total food availability was adequate for all members combine, distribution was inappropriate so that some individual bore a disproportionate burden of deficit. This is true also of those households where food availability is inadequate in the aggregate; the burden often falls on women and children. Seasonal variation in availability often exaggerates differences in food intake between men and their pregnant women. When more food is available, it appears to be preferentially allocated to males, thus increasing the gap. In households with low average food availability, pregnant women and children are especially at risk during lean period and may fall below the survival line, as the short fall in caloric intake would be exceedingly drastic (Hossain et al., 2017). Even among slightly better off households, discrimination in the allocation of food renders pregnant women more susceptible to malnutrition.

According to Habtamu (2017), the term ''women's status'' is associated with women's autonomy, power, authority, valuation, and position in society. Women's status is sometimes referred to as gender inequality or gender equality. The author noted that women's status is women's power relative to men's in the household, communities, and nations in which they live. According to Kindred (2016), women generally have lower social status than men and are often socially discriminated against in terms of access to food and resources, income and rights, increasing the risk of malnutrition in them. The author noted that studies have shown that women

receive fewer kilocalories than other members in their household and are often the last to eat. Family attitudes and customs towards the feeding and health of women, especially during pregnancy, are often influenced by women's knowledge, social status and workload.

Gender differences in the allocation of food based on differential valuation of certain household members over others are found in some communities. In line with this notion, Atuluku (2020) indicated that in the context of gender differentials, pregnant and lactating women suffer a disproportionate burden of food within households. Similarly, an earlier study (Adams, 2018) indicated that gender has a highly significant effect on calorie intake among pregnant women. Among the poor or low socio-economic group, discrimination against women, coupled with inadequate purchasing power meant that pregnant women had lower calorie intakes and consumed less supplementary food and less solid foods, resulting in considerably higher mortality levels among low income pregnant women. This socio-cultural attitude considerably influences household nutritional care of pregnant women in their natal homes and is carried on to varying degrees when they marry. Gender differences in pregnant women nutrition status also appear to be exacerbated by poverty (Adams, 2018).

Nutrition is the process by which food is assimilated into body in order to nourish it. The condition of health of a person that is influenced by the intake and utilization of nutrients is called nutritional status. Atuluku (2020) defined nutritional status as the current body status of a person or a population group related to their state of nourishment (the consumption and utilization of nutrients); the extent to which nutrients are available to meet metabolic needs. Similarly, Bentum (2014) defined nutritional status as the balance between the intake of nutrients by an organism and the expenditure of these in the processes of growth, reproduction, and health maintenance. When pregnant women receive all the nutrients in appropriate amounts so as to meet the needs of their body then they are in the state of good nutrition; and have a normal nutritional status (Home Science, 2017). However, when the nutrients provided in the diet are inadequate, it results in a state of imbalance in the body. Kemunto (2016) explained that frequent inadequate nutrient intake among pregnant women lead to maternal anaemia, increasing the risk for other maternal morbidities and mortality, foetal growth retardation and low foetal birth weight.

In prenatal nutrition, intake of adequate and balanced diet is required for healthy pregnancy and desired birth outcomes (WHO, 2018). Deficiency of nutrients during gestation

causes the foetus to receive sub-optimal micro and macro nutrients, causing inadequate intrauterine growth and development, inherited malformations, preterm deliveries, and pregnancy complications (WHO, 2018). This calls for attention to appropriate dietary behaviour and proper nutrient intake that would supply adequate nourishment to achieve optimum health for both mother and child.

Research indicated that social status or valuation affects caloric intake among pregnant women in developing countries. Patterns of valuation of adult men over women are found in households in the form of preferential food allocation (Habtamu, 2017). Intra-household food distribution patterns determine the dietary intake and nutritional status of each individual member. An unequal distribution of food within the household causes some members to eat more and others less than required. In both cases, some household members would not absorb the required amount of micronutrients, resulting in a poor food and nutrition status. Gender inequality plays an important role in defining these distribution patterns; in many communities, adult male members of the household are often favoured in terms of food intake. As a result, within a specific household you have, at the same time, food secure and food insecure household members. Thus, malnutrition is a serious health concern that many pregnant women face; it threatens their survival as well as that of their foetus.

Similarly, Atuluku (2020) reported that malnutrition is one of the most important health and welfare problems among pregnant women in Dekina Local Government Area, Kogi state, especially in rural areas. It is usually a result of a combination of inadequate dietary intake (both in quality and quantity) and infection. The negative effects of malnutrition among pregnant women are compounded by heavy work demands, poverty and childrearing, and by special nutritional needs of pregnant women, resulting in increased susceptibility to illness and consequently higher morbidity. Thus, this study was designed to investigate social status of women as a predictor of nutritional status among pregnant women in Dekina Local Government Area, Kogi State.

Purpose of the Study

The purpose of thE study was to determine the extent to which social status of women predicted nutritional status among pregnant women in Dekina Local Government Area, Kogi state.

Research Question

Would social status of women be a predictor of nutritional status among pregnant women in Dekina Local Government Area, Kogi state?

Hypothesis

Social status of women would not be a significant predictor of nutritional status among pregnant women in Dekina Local Government Area, Kogi State (p<.05).

Materials and Methods

The study adopted a correlation research design and was conducted in Dekina Local Government Area, Kogi state, Nigeria. The population for the study consisted of 700 registered pregnant women in Dekina Local Government Area. The total sample used in the study comprised two hundred and four (204) pregnant women from the Primary Health Centres in the twelve political wards in Dekina LGA. To select the required sample, stratified random sampling and purposive sampling techniques were used. In these techniques Dekina LGA was stratified into twelve wards, and for convenience, equal numbers of participants were drawn from those political wards. From each of the wards seventeen (17) pregnant women were sampled from the primary health centres through purposive sampling technique.

The research instrument used for the purpose of data collection was a modified four point Likert scale questionnaire developed by the researcher. In order to ensure face and content validity of the instrument, the researcher-structured set of questionnaire was submitted to five professionals in the fields of Health Education and Community Medicine for vetting so as to ensure their appropriateness, relevance and clarity. This helped in the face and content validity process of the instrument. To collect data for the study, a total of two hundred and four (204) copies of the questionnaire were distributed to pregnant women attending antenatal clinics at the Primary Healthcare Centres in the twelve wards in Dekina Local Government Area. The researcher visited the PHC centres on their clinic days to administer the questionnaire to the respondents. Every pregnant woman who queued up to be attended to by the healthcare personnel was given a copy of the questionnaire one after the other until the required number of women had been served. The respondents were required to complete the questionnaire and return them on the spot. Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS for Windows, version 16). Pearson's correlation coefficient was calculated to examine relationship between means scores of social status of women and nutritional status of pregnant women. Statistical significance was set at $P \leq 0.05$.

Results

Table 1: Results of Pearson Product Moment Correlation Coefficient Analysis on Whether Social Status of Women is a Predictor of Nutritional Status among Pregnant Women in Dekina LGA, Kogi State

Variables	Mean	SD	r - cal	Df	P	r-crit.
Social status of women	2.857	0.5611	.747	202	.000	0.087
Nutritional status of pregnant women	2.966	0.5262				

r (202) = 0.087 P ≤ 0.05 Significant.

Table1 shows that the calculated r-value of 0.747 is greater than the critical value of 0.087 at the 0.05 level of significance and P-value of 0.000. This indicates that social status of women is a significant predictor of nutritional status among pregnant women in Dekina Local Government Area, Kogi state. Thus, the null hypothesis is rejected.

Discussion

The outcome of this study showed that social status of women is a significant predictor of nutritional status among pregnant women in Dekina Local Government Area, Kogi State. This is in line with Kindred (2016) who noted that women generally have lower social status than men and are often socially discriminated against in terms of access to food and resources, income and rights, increasing the risk of malnutrition in them. The author noted that studies have shown that women receive fewer kilocalories than other members in their household and are often the last to eat. Family attitudes and customs towards the feeding and health of women, especially during pregnancy, are often influenced by women's knowledge, social status and workload (Home Science, 2017).

Kindred (2016) indicated that gender differences in the allocation of food based on differential valuation of certain household members over others are found in many communities. In the context of gender differentials, pregnant and lactating women suffer a disproportionate burden of food within households. Gender is a statistically significant determinant of nutritional status, and male-female differentials are especially evident in the lower socio-economic group. A key factor in understanding patterns of differential food allocation within households is identifying the types of foods that are allocated. In most settings where differential allocation does occur, it does not happen in the case of staple foods. Foods that are differentially allocated

tend to be luxury foods (non-staple foods), such as animal source foods rather than necessity foods (staple foods). Foods that are in short supply tend to be more commonly used to establish and reinforce the status of certain household members.

Food distributions within the households and the sacrificial tendencies of women have been implicated as major determinants of health and nutritional status of pregnant women (Atuluku, 2020). Ene-Obong et al. (2010) noted that where the amount of food is small, the above practices could be harmful, since most women would give preference to their husbands and children. This cultural practice is prevalent in many parts of the world. In the explanations of Chatterjee and Lambert (2006), gender has a highly significant effect on calorie intake among pregnant women. Among the poor or low socio-economic group, discrimination against women, coupled with inadequate purchasing power meant that pregnant women had lower calorie intakes and consumed less supplementary food and less solid food than males. This resulted in considerably higher mortality levels among low income pregnant women than among males. These differences reflect an economic, as well as a cultural premium placed on males. Women are considered unproductive and an expensive economic drain. This socio-cultural attitude considerably influences household nutritional care of pregnant women in their natal homes and is carried on to varying degrees when they marry. Gender differences in pregnant women nutrition status also appear to be exacerbated by poverty (Chatterjee & Lambert, 2006).

In general, malnutrition is a major cause of illness and death throughout the world, which affects mainly pregnant mothers and children (Adams, 2018), it is widespread, especially in the rural areas partly due to inadequate food and nutrient supply. An earlier study (Chatterjee & Lambert, 2006) indicated that the frequently observed inadequate dietary intake and poor nutritional status among pregnant women in developing countries are largely a result of the fact that woman eat last and least, a reflection of the inferior social status they are accorded in the society throughout their life time. We can explore their social status through two important manifestations: marriage and child bearing patterns, and education levels. Marriage and child bearing affects women's nutritional status directly, as well as indirectly through associated socio-cultural norms and practices. They also affect women's education and employment, which exerts considerable influence on household nutrition (Chatterjee & Lambert, 2006).

According to Atuluku (2020), in developing countries where there is low status of women and high level of gender inequality, pregnant women may suffer from high levels of under-

nutrition due to sub-optimal feeding practices rooted in longstanding beliefs about gender inequality and women's status, as well as food insecurity and chronic poverty. Ebele et al. (2021) indicated that poor nutrition in pregnancy causes half of the deaths of pregnant mothers each year, and poor pregnancy outcomes due to malnutrition rank highest among the pressing reproductive health challenges globally. The authors noted that good nutrition in pregnancy as well as balanced diet combined with regular physical activity is a cornerstone of good health, whereas poor nutrition can lead to reduced immunity, increased susceptibility to diseases, impaired physical and mental development and reduced productivity (Ebele et al., 2021). Thus, it is important pregnant women maintain good nutritional status through a lifestyle that optimizes maternal health and reduces the risks of birth defects, sub-optimal foetal growth and development and chronic health problems in their children. The key components of health promoting lifestyles during pregnancy include consumption of varieties of foods in accordance with the dietary guidelines for pregnancy, and safe food handling, among others.

Conclusion

Social valuation of women and preferential food distribution patterns within the households have been implicated as major predictors of health and nutritional status of pregnant women. This socio-cultural practice is prevalent in several communities in developing countries. In societies/communities where there is low status of women and high level of gender inequality, pregnant women may suffer from high levels of under-nutrition due to sub-optimal feeding practices rooted in longstanding beliefs about gender inequality and women's status, as well as food insecurity and chronic poverty. However, socio-cultural practices that place greater valuation on certain household members over others should be abolished. This involves understanding and working within the deep structure of cultural settings.

Acknowledgements

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