

## Nutritional Practices among Expectant Mothers in Jos North Local Government Area of Plateau State, Nigeria

ELIZABETH A. HARUNA  
University of Jos, Nigeria

**Abstract.** The study was carried out to help find out the nutritional knowledge and practices among expectant mothers in Jos North Local Government Area of Plateau State. The survey research design was used for the study. The population of the study is made up of all expectant mothers in Jos North Local Government Area of Plateau State, out of these the total sample size of 225 were used for the study, a structured questionnaire of six sections was used to elicit information on the nutritional practices among expectant mothers, health problems associated with the nutritional practices of expectant mothers, foods commonly eaten by expectant mothers, cultural practices of expectant mothers, health problems of cultural practices associated with nutrition of the expectant mothers. The instrument was given to three experts in research, who of whom are from the department of Physical and Health Education and one from test and measurement department of the Faculty of Education University of Jos whose input on the instrument were very helpful. It was pretested using respondent with similar characteristics to those in the area of the main study and a reliability coefficient index of 0.8 was obtained, which was seen as a reliable figure for the instrument to be used for the present study. The public health educators and workers should organize seminars on nutritional knowledge and practices among expectant mothers in the area of study. Expectant mothers should eat more during pregnancy to avoid fatal malnutrition, as well as eat balanced diet during the period of pregnancy

**Keywords:** Nutritional practices, expectant mothers, Jos North,

### 1. Introduction

Nutrition of humans cannot be over emphasized as food serves as the fuel for human functions, to make it effective individuals must eat right and adequate

amount of the stipulated food at the right time and hour. Brien (2010) describes nutrition as the study of food and nourishments, examining the nutritional content of food, the amount of nutrient required for healthy growth and function, and varies for different people. In other words, nutrition is the science that deals with the nature and composition of food, the amount of food required by the body, as well as the physical and chemical changes brought about by the intake of food. In addition, nutrition is the sum processes concerned with the growth, maintenance and repairs of the body as whole and its constituent parts. However, healthy and complete nutrition is something wider than the mere intake of scientific food. Nutrition requires not only a sufficient and properly balanced diet but also a healthy, receptive and responding body. This may however depend on the knowledge of nutrition among expectant mothers.

As defined by Oxford dictionary (2019) practice is the actual application or use of an idea, belief, or method, as opposed to theories relating to it. Practice may be looked as to mean repetition of an activity to improve skill in a particular phenomenon, in this case nutritional practices among expectant mothers.

In the mid-west (Edo-Delta) states of Nigeria, meat and eggs are not usually given to children, because parents believe it will make the children steal. In some parts of Ishan, Afemai, and Isoko Divisions pregnant women avoid snails, whereas pregnant women of the Asaba Division are neither allowed to eat eggs nor drink milk, "because it is feared the children may develop bad habits after birth". Women tribals of the Ika Division are forbidden to consume porcupine as that is thought to cause a delay in labour.

A document prepared by the Food and Nutrition Unit in the Ministry of Planning and Economic Development indicated that milk, eggs, and goat's

meat are the major food items prohibited during pregnancy in most parts of the country. Another study showed that milk and green vegetables are prohibited during pregnancy in many areas. Major reasons given by the women as to why they avoid some foods include fear of difficult delivery as a result of big babies following the consumption of foods presumed to increase the size of the fetus. Other reasons include fear of abortions and discolouration of the fetal body.

An expectant mother according to Crowder (1995) is a woman that is pregnant. According to him, pregnancy is the fertilization of an ovum and its implantation in a woman's uterus. He noted further, that for approximately nine months the mother carries the developing child within her and that the pregnancy terminates with delivery of the child, Nash (2002) observed that the relationship that exists between the mother and her unborn child is much. According to her, "even while the child is still in the womb, its genes engages the environment of the womb in an elaborate conversation, which is a two-way dialogue that involves not only the air the mother breathes and the water she drinks but also what drugs she takes, what diseases she contacts and what hardship she suffers". According to Nash (2003) once the beginning embryo is able to obtain good nutrition directly from the mother, development can proceed more rapidly. But if what is obtained for the mother is not nutritional healthy or balanced, so many complications are bound to arise in pregnancy. Hazards increase with age, the number of pregnancies and the intervals between pregnancies influence the nutritional needs of the mother and outcome of pregnancy. Nutrition during pregnancy affects not only fetal development, but also the risk of chronic diseases for that infant in adulthood (Koletzko, 2012; Silveira et al., 2007).

Furthermore, evidences manifested that adequate intake of nutrition is a key component for individual's health and well-being, particularly during pregnancy. It is well documented that inadequate maternal nutrition results in increased risks of short term consequences such as; Intra Uterine Growth Restriction (IUGR), low birth weight, preterm birth, prenatal and infant mortality and morbidity. Moreover, excessive intake of nutrients during pregnancy can lead to some pregnancy complications (such as preeclampsia and gestational diabetes, macrosomia, distocia, and higher prevalence of caesarean section) Luigi et al., (2005).

The problem of malnutrition among women is of serious public health concern (Maduforo, 2010). The

well-being of mother and the newborn infant is greatly determined by the nutrition of the expectant mother during pregnancy and it further influences the health of the child during childhood and adulthood (Scholl and Johnson, 2000). According to a previous study (Harding, 2001), spontaneous abortion, impaired fetal growth, poor pregnancy weight gain, learning impairment, and behavioural problems of the offspring are caused by inadequate nutrition during pregnancy. According to Ramakrishnan (2004), a majority of low birth weight (LBW) infants in developing countries are due to intrauterine growth retardation (of which Nigeria is one), (i.e., less than the tenth percentile weight for gestational age). In developing countries, the most important determinants of intrauterine growth retardation stem primarily from the mother's poor health and nutritional status (Wardlaw, Blanc, Zupan et al., 2004).

Malnutrition is ranked as one of the major causes of maternal mortality and it a major determinant of a successful pregnancy and a healthy well-nourished baby (Sholeye, Badejo, and Jeminusi, 2014; Maduforo, 2010). Developing nations account for 99% of all maternal deaths in the world (World Health Organization, 2015). Nigeria has one of the highest maternal death rates in the world with the current rate of 576 deaths per 100,000 live births where the present study is conducted (National Population Commission, 2013). These staggering statistics shows that while it is important that the major avoidable causes of maternal mortality and adverse pregnancy outcome are eliminated by looking into the feeding practices of women due to their traditional beliefs and taboos, and also to determine its effect on their nutritional status.

In Nigeria, improper dietary practices of pregnant women have apparently led to increased rates of stillbirths, premature births, low birth weight, maternal and prenatal deaths (Bhargava, 2000; Ramkrishnan, 2004). Food consumption practices of pregnant women in Nigeria are highly influenced by many socio-cultural factors such as food taboos, family food distribution, food beliefs, and food restriction practices (Sholeye, Badejo, and Jeminusi, 2014; Ojofeitimi, Ogunjuyigbe, Sanusi et al., 2008; Ogunjuyibe and Maduforo, 2010). In a study conducted by Maduforo (2010) in Nwangele Local Government Area (LGA) of Imo State, south-eastern Nigeria, it revealed that 15.0% of the respondents mentioned some foods as taboos in the study area and 38.0% of the pregnant women were malnourished. Maduforo (2010) observed that pregnant women held onto the food taboos handed down from generation to

generation, including prohibition of Grasscutter meat, Cassava meals (fufu), Spaghetti (pasta), Noodles, Cocoa beverages, Eggs, and Snails. Some of the prohibited or avoided foods are common sources of essential nutrients that are essential for improving maternal and child health (Ojofeitimi, Ogunjuyigbe, Sanusi et al., 2008).

As a result of the well-entrenched traditional food taboos and socio-cultural beliefs relating to dietary intake during pregnancy, many pregnant women have misinformation about the harmful effects of these taboo foods (Kavle, Mehanna, Saleh et al., 2014). In some sub-Saharan African countries including Nigeria, it is commonly believed that sexually transmitted diseases or complications during childbirth are the result of the violation of food taboos (King, 2000; Maimbolwa, Yamba, Diwan et al., 2003; Maduforo, 2010). An earlier study conducted in Nigeria by Odebiyi (1989) observed that Yoruba traditional healers in Nigeria often interpreted the occurrence or persistence of illness as a punishment for the violation of food taboos. It will therefore not be surprising if some pregnant Yoruba women have inadequate knowledge and misperceptions relating to necessary diets. Issues relating to knowledge and socio-cultural factors influencing dietary intake among pregnant women especially in south-western parts of Nigeria have not been well documented. It is possible that the same condition exist in the present area of study hence this may affect the Nutritional Knowledge and Practices among Expectant Mothers in Jos North Local Government Area of Plateau state.

## 2. Research Questions

To give direction to the present study, the following research questions were asked:

- What are the nutritional practices among expectant mothers in Jos North Local Government Area?
- What are the health problems associated with the nutritional practices of expectant mothers in Jos North Local Government Area?
- What are the types of food commonly eaten by expectant mothers in Jos North Local Government Area?
- What are the cultural practices of expectant mothers in Jos North Local Government Area?
- What are the health problems of cultural practices associated with nutrition of the expectant mothers in Jos North Local Government Area?

## 3. Methods

In order to achieve the purpose of the study, the survey design was employed. Trochim (2006) stated that survey research is one of the most important research of measurement. To him the broad area of survey research encompasses any measurement procedure that involves asking question of respondents. He further said a "survey" can be anything in form of a short paper and pencil feedback form to an intensive one-on-one in depth interview. Miller (1980) stated that a survey gathers data at a particular point in time with the intention of describing the nature of existing conditions. It was therefore considered appropriate for population of the study.

Population refers to the total number of people or group of people or things the researcher is interested in studying and about which he/she intends to obtain certain information and draw conclusions. The population of the study is made up of all expectant mothers in Jos North Local Government Area of Plateau State. Sample is a portion selected from the population to be studied and generalized to whole population. For this research work, the sample of expectant mothers was drawn from mothers that volunteered. Two hundred and twenty five (225) expectant mothers were sample for the study. Sampling technique is defined as a systematic process employed to select a required proportion of the target population (Daramola, 2007). For the research work, sample of the mothers were drawn from expectant mothers that volunteered. Two hundred and twenty five volunteers were sampled for the study. For the purpose of this research work, the instrument used for data collection is structured questionnaire developed by the researcher after a careful view of relevant literature practices of expectant mothers. The researcher developed questionnaire entitled 'Practices among Expectant Mothers in Jos North Local Government Area of Plateau State'.

A research instrument is said to be valid when it measures truly and accurately what it tends to measure. In validating the research instruments, the issue of validity and reliability of the instruments are imperative. Validity is the most vital characteristics of any research instrument to be valid; it must be relevant and reliable. The reliability of research instrument was determined through the outcome of the pretest using the split-half method. This because it is mostly used in determining internal consistency of written test. A step up procedure of Crombach (1951) alfa co-efficient formula was used to estimate

the reliability of the instrument and a reliability coefficient of .76 was obtained.

To further ensure the content validity of the instrument, the researcher subjected it to judgement from an experts so as to obtain the adequacy and comprehensiveness of the items as well as the clarity of expression used. Based on the expert’s advice, some items were modified, some retained and others deleted.

The rights and dignity of participants and privacy was considered. The research makes it clear to

respondents that they are free to decide on whatever information they wish to share with the researcher and that they are under no pressure or obligation to disclose information that they do not wish to disclose. And for the purpose of ensuring hundred percent return of the questionnaire, the completed questionnaires were collected on the spot. Simple percentage method of data analysis was employed to analyze the data. The choice of simple percentage method of data analysis is appropriate because of clarity in the presentation of information thus facilitating the reader’s understanding

**4. Discussion**

**Table 1:** Nutritional Practices among Expectant Mothers  
N=225

S/N	Item	Yes		No	
		f	%	f	%
1	I don’t drink alcoholic beverages during pregnancy	37	16.44	177	78.67
2	I don’t take milk and pineapple during pregnancy	73	32.44	144	64
3	I lose appetite during pregnancy	133	59.11	75	33.33
4	I go for regular antenatal visits	196	87.11	16	7.11
5	My food intake increases during pregnancy	150	66.67	61	27.11
6	After eating I often exercise	136	60.44	75	33.33
7	Healthy eating gives healthy birth	198	88	13	5.78

The result in table 1 indicates that I drink alcoholic beverages during pregnancy 177(78.67%), I don’t take milk and pineapple during pregnancy 144(64%), I lose appetite during pregnancy 133(59.11%), I go for regular antenatal visits 196(87.11%), My food intake increases during pregnancy 150(66.67%), After eating i often exercise 136(60.44%), Healthy eating gives healthy birth198 (88%). These are the nutritional practices among respondents (expectant mothers).

**Table 2:** Health Problems Associated with the Nutritional Practices of Expectant Mothers  
N=225

S/N	Items	Yes		No	
		f	%	f	%
1	Eating less causes fatal malnutrition	184	81.78	26	11.56
2	Low intake of vegetables leads to anemia	171	76	36	16
3	Too makes delivery difficult	103	45.78	108	48
4	Lack of exercise causes high blood pressure	169	75.11	40	17.78
5	Food containing too much calories leads to heart burn	186	82.67	25	11.11
6	Maternal under-nutrition diminishes a women’s productivity	144	64	45	20
7	Low intake of water leads to vomiting	105	46.67	99	44
8	Contaminated water causes typhoid	195	86.67	6	2.67
9	Eating uncovered food leads to cholera	197	87.56	10	4.44
10	Poor maternal nutrition leads to infant mortality(death)	191	84.89	9	4

The result in table 2 indicates that Eating less causes fatal malnutrition 184(81.78%), Low intake of vegetables leads to anemia 171(76%), Too much food makes delivery difficult 108(48%), Lack of exercise causes high blood pressure 169(75.11%), Food containing too much calories leads to heart burn 186(82.67%), Maternal under nutrition diminishes a woman’s productivity 144(64%), Low intake of water leads to vomiting 105(46.67%), Contaminated water causes typhoid 195(86.67%), Eating uncovered food leads to cholera 197(84.89%), Poor maternal nutrition leads to infant mortality (death) 191(84.89%). These are the health problems associated with nutritional practices among respondents (expectant mothers).

**Table 3:** Foods Commonly Eaten by Expectant Mothers  
N=225

S/N	Item	Yes		No	
		f	%	f	%
1	Fruits	204	90.67	3	1.33
2	Carbohydrates	184	81.78	23	10.22
3	Vegetables	203	90.22	2	0.89
4	Protein	208	92.44	4	1.78
5	Water	205	91.11	4	1.78
6	Beverages	173	76.89	32	14.22
7	Snacks	154	68.44	49	21.78
8	Grains(cereals)	181	80.44	19	8.44
9	Food containing calcium	187	83.11	13	5.78
10	Poultry foods	181	80.44	21	9.33

The result in table 3 indicates that Fruits 204(90.67%), Carbohydrates 184(81.78), Vegetables 203(90.22%), Protein 208(92.44%), Water 205(91.11%), Beverages 173(76.89%), Snacks 154(68.44%), Grains(cereals) 181(80.44%), Food containing calcium 187(83.11%), Poultry foods 181(80.44%). These are the foods commonly eaten by respondents (expectant mothers).

**Table 4:** Cultural Practices of Expectant Mothers  
N=225

S/N	Item	Yes		No	
		f	%	f	%
1	Eating meat is forbidden in my culture	32	14.22	170	75.56
2	Pounding is not allowed in my culture	94	41.78	114	50.67
3	Milk and green vegetables are prohibited during pregnancy	47	20.89	159	70.67
4	Eating eggs in my culture bad for pregnant women	31	13.78	183	81.33
5	Going out late at night is a taboo	124	55.11	85	37.78
6	Going out in the afternoon is forbidden	39	17.33	162	72
7	Eating banana is a grave offence in my culture	26	11.56	180	80
8	My culture forbids delivery	34	15.11	170	75.56
9	Alcoholic beverages is accepted in my culture	46	20.44	159	70.67
10	Antenatal is forbidden in my culture	21	9.33	183	81.33

The result in table 4 indicates that Eating meat is forbidden in my culture 170(75.56%), Pounding is not allowed during pregnancy 114(50.67%), Milk and green vegetables are prohibited during pregnancy 159(70.67%), Eating eggs in my culture is bad for pregnant women 183(81.33%), Going out late at night is a taboo 124(55.11%), Going out in the afternoon is forbidden 162(72%), Eating banana is a grave offence in my culture 180(80%), My culture forbids delivery outside the home 170(75.65%), Alcoholic beverages is accepted in my culture 159(70.67%), Antenatal is forbidden in my culture 183(81.33%). These are the cultural practices among respondents (expectant mothers).

The answer answering research question six are contained in table 8 below

**Table 5:** Health Problems With Cultural Practices Associated on Nutrition of Expectant Mothers  
N=225

S/N	Item	Yes		No	
		f	%	f	%
1	Food taboo leads to maternal under-nutrition	120	53.33	75	33.33
2	Bad traditional food habits leads to nutritional deficiency	139	61.78	55	24.44
3	Food taboo to expectant mothers leads to low birth weight	141	62.67	59	26.22
4	Avoidance of good food leads to allergies	142	63.11	55	24.44
5	Inadequate nutrition endangers mother and fetus(birth)	189	84	8	3.56
6	Poor nutrition leads to difficulty in child birth	183	81.33	15	6.67
7	Avoiding antenatal visits can lead to maternal death	182	80.89	13	5.78
8	Infant death can be caused by skipping antenatal	156	69.33	43	19.11
9	Low calcium and iron intake leads to anemia	181	80.44	13	5.78
10	Avoiding balanced diet leads to low birth weight(BMI)	190	84.44	8	3.56

The result in table 5 indicates that Food taboo leads to maternal under nutrition 120(53.33%), Bad traditional food habits leads to nutritional deficiency 139(61.78%), Food taboo to expectant mothers leads to low birth weight 141(62.67%), Avoidance of good food can leads to allergies 142(63.11%), Inadequate nutrition endangers mother and fetus(child) 189(84%), Poor nutrition leads to difficulty in child birth 183(81.33%), Avoiding antenatal visits can lead to maternal death 182(80.89%), Infant death can be caused by skipping antenatal 156(69.33%), Low calcium and iron intake leads to anemia 181(80.44%), Avoiding balanced diet leads to low body weight (BMI) 190(84.44%). These are the health problems of cultural practices associated with nutrition of the respondents (expectant mothers).

Table 1 shows that healthy eating gives healthy birth 198 (88%), I go for regular antenatal visits 196(87.11%), my food intake increases during pregnancy 150 (66.67%), I don't take milk and pineapple during pregnancy 144(64%). These results were expected because these seem to be the common practices among expectant mothers in the area. This is in line with the study by Shom (2010) who pointed out that pregnant women had a high level of healthy dietary behaviours in the aspects of quality of diet and avoiding diet during pregnancy, except supplementary diet during pregnancy needed to be improved. This is consistent with a study by Islam and Ullah (2005) which found out that about 75% women believe that mother's malnutrition is the main cause of child malnutrition. In addition, Choudhury and Ahmed (2011) found out that a qualitative study among ultra-poor pregnant women found that women usually considered a pregnancy and no prior preparation for childbirth was taken. Discussing about food intake increase by Choudhury and Ahmed (2011) found out that western biomedical paradigm's definition of healthy eating while pregnant, states that women should consume more calories during this time. Furthermore, discussing on I don't take milk and pineapple during pregnancy, a study by Islam and Ullah (2005) observed that pregnant women do not take milk (21%), pineapple (75%), banana (10%) for various disbeliefs.

Table 2 shows that poor nutrition leads to infant mortality(death) 191(84.89%), eating less causes fatal malnutrition 184(81.78%), maternal under-nutrition diminishes a woman's productivity 144(64%), too much food make delivery difficult 103(45.78%). These results were expected because this seems to be the health problems associated with nutritional practices among expectant mothers in the study area. This is in line with the study by Wito (2017) who

pointed out that more than 7 million newborn deaths are associated with maternal health and nutrition related problems or inadequate care of the neonate soon after birth. In addition, AED LINKAGES (2004) found out that maternal malnutrition is influenced not only by lack of adequate nutrition but also influenced by factors like socio demographic factors, knowledge of mothers, attitude and practice of mothers during pregnancies. Discussing about maternal under-nutrition diminishes a woman's productivity by AED LINKAGES (2004) found out that maternal under-nutrition also diminishes a woman's productivity, causing repercussions for herself, her family, her community, and the broader society. Furthermore, discussing on too much food makes delivery difficult, a study by Boulet (2003) posited that obese women are more than twice as likely to give birth to a large for gestational age baby compared to a normal weight woman which significantly increases the risk of complications associated with delivery.

Table 3 shows that protein 208(92.44%), water 205(91.11%), food containing calcium 187(83.11%), carbohydrates 184(81.78%). These results were expected because this seems to be the common food eaten by expectant mothers in the study area. This is in line with the study by Murray and Mckinney (2014) pointed out that protein intake of approximately 71 grams/day is recommended during the second half of pregnancy. In addition, Davidson et al (2008) found out that a pregnant woman should consume at least 8-10 glasses of fluid each day of which 4-6 glasses should be water. Other beverages such as juices and milk can contribute water as well as other nutrients to the diet. Discussing about food containing calcium by Murray and Mckinney (2014), adequate intake for calcium for the pregnant women is 1000 milligrams per day and sources in dairy products, salmon, sardines with bones, legumes, fortified juice. Furthermore, discussing on carbohydrates, a study by USDA (2010) stated that carbohydrate needs of the pregnant women increase especially the last two trimesters. Carbohydrate intake promotes weight gain and growth of the foetus, placenta and other maternal tissues.

Table 4 shows that eating eggs in my culture is bad for pregnant women 183(81.33%), eating meat is forbidden in my culture 170(75.56%), milk and green vegetables are prohibited during pregnancy 159(70.67%). These results were not expected because they don't believe in all those practices because of modern trends that are based on scientific facts rather than beliefs. Food and Nutrition Unit, Ministry of Planning and Economic Development

(2012) expressed that milk, eggs and goats meat are the major food items prohibited during pregnancy in most parts of the country. In addition, Beddada (2012) pointed out that milk and green vegetables are prohibited during pregnancy in many areas. Furthermore Ogbeide (2014) found out that pregnant women of Afemai and Isoko Divisions avoid snails, where as pregnant women of the Asaba Division are neither allowed to eat eggs nor drink milk.

Table 5 shows that avoiding balanced diet leads to low body mass index (BMI) 190(84.44%), low calcium and iron intake leads to anemia 181(80.44%), bad traditional food habits leads to nutritional deficiency 139(61.78%), food taboo leads to maternal under-nutrition 120(53.33%). These results were expected because these are the common problems experienced by expectant mothers in the area of study. Oni et al., (2012) stated that factors associated with adherence to food taboos include primigravity, teenage pregnancy, lack of formal education, low household incomes, signifying low socio-economic status and a low body mass index. In addition, Olatunbosun et al., (2014) posited that the major consequence of nutritional deficiency in pregnancy is anemia. They said anemia occurs in 35-75% of pregnancies in Nigeria. They further stated that anemia in pregnancy is usually dimorphic-mainly a combination of iron and folic acid deficiency. Discussing about bad traditional food habits leads to nutritional deficiency by Sholeye et al., (2014), some food preparation practices in Nigeria and similar countries are known to compromise the nutritive values of foods. Badi et al., (2012), reported findings for the Berom women of Northern Nigeria where 8% fried vegetable, 17% ate them raw, 5% boiled them, and 70% steamed the vegetable. Furthermore, discussing on food taboo leads to maternal under-nutrition, a study carried out in Burkina Faso by Huybregts et al., (2009), showed that most of the respondents reported dietary restrictions. Koryo-Dabrah et al., (2012) reported dietary restriction in 48% of the respondents in a study carried out on pregnant women attending antenatal clinic at Korle-Bu Teaching Hospital and Osu Maternity Home in Accra, Ghana.

## 5. Conclusions

Based on the findings of the study the following conclusions were drawn:

- Healthy eating gives healthy birth, I go for regular antenatal visits, and my food intake increases during pregnancy are the nutritional practices among expectant

mothers in Jos North Local Government Area of Plateau State.

- Poor nutrition leads to infant mortality (death), eating less causes fatal malnutrition, and maternal under-nutrition diminishes a woman's productivity are the health problems associated with the nutritional practices of expectant mothers in Jos North Local Government Area of Plateau State.
- Protein, water, and food containing calcium are the foods commonly eaten by expectant mothers in Jos North Government Area of Plateau State.
- Eating eggs in my culture is bad for pregnant women, eating meat is forbidden in my culture, and milk and green vegetables are prohibited during pregnancy are the cultural practices of expectant mothers in Jos North Local Government Area of Plateau State.
- Avoiding balanced diet leads to low body mass index (BMI), low calcium and iron intake leads to anaemia, and bad traditional food habits leads to nutritional deficiency are the health problems with cultural practices associated on nutrition of the expectant mothers in Jos North Government Area of Plateau State.

## 6. Recommendations

Poor nutrition leads to infant mortality (death), eating less causes fatal malnutrition, and maternal under-nutrition diminishes a woman's productivity are the health problems associated with the nutritional practices of expectant mothers in Jos North Local Government Area of Plateau State. The public health educators and workers should organize seminars on nutritional knowledge and practices among expectant mothers in the area of study. Expectant mothers should eat more during pregnancy to avoid fatal malnutrition, as well as eat balanced diet during the period of pregnancy.

Protein, water, and food containing calcium are the foods commonly eaten by expectant mothers in Jos North Local Government Area of Plateau State. Expectant mothers should consume more of carbohydrates as it helps them build up energy during labour in the area of study.

Avoiding balanced diet leads to low body mass index (BMI), low calcium and iron intake leads to anemia, and bad traditional food habits leads to nutritional deficiency are the health problems of cultural practices associated with nutrition of the expectant

mothers in Jos North Local Government Area of Plateau State. Expectant mothers should be enlightened on the dangers of adhering to certain traditional food habits through seminars and health talks by public health workers.

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