

Factors Influencing Proper Child Nutrition Practices In Nigeria: A Case Study Of Oron Local Government Area.

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ABSTRACT

This study was carried out to investigate the factors influencing proper child nutrition practices in Oron Local Government Area in Akwa Ibom State. Two objectives were formulated to guide the study. Purposive and snowball sampling was used to select the respondents of the study. The target population was unknown; a sample size of 384 was determined using Golden formula for infinite population. Self-developed questionnaire with 4 point modified Likert scale was used. Cronbatch alpha statistic was used to establish the internal consistency which gave a reliability coefficient of 0.80. Descriptive and inferential statistics were used to analyze data. Results were presented in tables as percentages, means and standard deviations. One sample t-test was used to test hypotheses at $P < 0.05$ level of significance. Findings revealed that socio-economic status of the family with a grand mean score of 2.91 and some religious practices with a grand mean score of 2.77, which was above the criterion mean of 2.5 all, had a negative influence on the nutritional status of children. Maternal Education was revealed to have a negative influence on the level of proper nutrition practices of their children under 0-5 years. There were significant differences ($P < 0.05$) in relationship between, socio-economic status influence, religious and cultural practice influence, maternal education influence and the nutritional status of children. In conclusion, all the variables, socio-economic status, certain religious practices were all perceived to have a negative influence on the proper nutritional practices. Maternal education also has a strong influence on the nutritional status of children as educated mothers had less number of children malnourished. Recommendation is that health care personnel should educate mothers on factors that lead to poor nutritional status, women empowerment through education should be encouraged as it promises improved family finances, better food security and better childhood nutrition.

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I. INTRODUCTION

The nutritional status of under-five children is a sensitive sign of a country's health status as well as economic condition. The socio-economic influences on acceptable child and infant feeding practices are complex and vary from one society to another. The change in the infant and child feeding practices of society has generated much debate throughout the world. The debate has to do with what to give to the child, at what time and at what duration and the effect it exerts on the child.

Infants and young children are fed with breast milk and complementary foods. The decision of what infant and young child feeding practice to adopt is influenced by a wide range of restrictions or factors (Mboho and Bassey, 2013). Many research studies have been conducted on this subject matter. Ladipo and Morris (1974), working with rural women in Ile-Ife area, found that some of them would not accept giving eggs to children because of the belief that such delicacy often leads children to steal.

Despite many years of research and policy initiative for infant feeding in Sub-Saharan Africa, rates of infant and young children malnutrition and under-nourishment phase remained consistently high (ACC/SCN, 2000). This is mainly due to the fact that most of these child feeding campaigns are mostly always directed at the mothers and are based on the assumption that women are free to make their own decisions on feeding their children; but in all cultures and societies, there are a number of factors that influence women's decision on how to feed their children (Matusiak, 2005).

According to WHO (2006), it is estimated that inappropriate feeding of children is responsible for about one-third of the cases of malnutrition, worldwide. Therefore, the understanding of the need for proper

nutrition, time and type of food to be given will help reduce the risk of malnutrition, which invariably leads to death of children, especially under-five ages.

However, the importance of giving infants a good start in life with nutritious food had been on the increase over the years. Yet, one in three children under five years of age is malnourished as judged by their weight for age. Though efforts have been made to educate mothers on proper nutrition and healthy living, such efforts have had limited success (Musa, 2002). Mothers' socio-economic status, lifestyle, customs and beliefs are firmly entrenched and it is difficult to effect a change.

According to Mboho and Bassey (2013), the nutritional practices of the mother have a significant role in child health, growth and development. Studies of under-eight mortality in Nigeria showed 43% and 36% underweight (FGN and World Bank, 1997). On this basis, the Federal Government of Nigeria and the United Nations Children's Funds established a nutritional programme plan 1997-2001 to ensure adequate nutrition for children and to tackle the problem of inadequate nutrition in the Nigerian society.

Statement of the Problem

Malnutrition is a sustaining problem in many developing countries, especially Nigeria. It is one of the main causes of morbidity and mortality among children under five years of age (Martorell., Rivera., Kaplowitz., and Pollitt, 1992). In Developing Countries, malnutrition is an important root of infant and young child mortality and reduced life span. (UNDP, 2008)

Over the years, studies have shown some socio-cultural and socio-economic influences on the nutritional status of a child. Certain belief systems, socio-economic status and cultural practices affect the way infants and young children have been fed by breastfeeding or solid foods – protein and carbohydrate. For instance, studies carried out by Ladipo and Morris (1974) in South-Western Nigeria revealed that some rural mothers deny giving eggs to their children on belief that such delicacy will lead them to steal later in life.

According to Kakute; Nwenfu, John, Pat, and Dorothy (2005), these scholars opined that the immediate initiation of breastfeeding was forbidden, as they did not want their babies to take what they called "dirty milk" rather, they gave the babies water and/or herbs. This is also interpreted in the Northern part of Nigeria, where infants are usually not given colostrum's; the first yellowish milk secreted from the breast, which has high protein and antibody content (NDHS 1999). This is believed could cause diarrhoea thereby, having a high negative effect on the nutritional status of a child.

Thus, it is against this backdrop this study sought to examine the factors influencing proper nutrition practices of children between the ages of 0-5 years in Oron LGA of Akwa-Ibom State.

This study sought to examine the following research objectives and answer the following research questions:

- To examine the effects of the mothers' socio-economic standing on the level of proper child nutrition practices in Oron LGA and
- To identify the religious and cultural belief influencing child nutrition practices in Oron LGA

The following research questions were formulated

- i. What influence does the socio-economic status of mothers have on proper child nutrition practices in Oron Local Government Area?
- ii. What are the cultural belief influencing proper child nutrition practices in Oron Local Government Area?

Hypothesis

The following hypothesis were formulated in line with the objectives and research questions:

- I. There is no significant relationship between mothers' socio-economic status and proper child nutrition practices in Oron LGA.

II. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

An Overview of Proper Child Nutrition Practices

Poor nutrition during childhood causes severe cognitive and physical damage. It is a violation of a child's human right. Approximately 27% of children under age five in developing countries are still malnourished (WHO, 1999).

Hanson (2008) reports that a well nourished child is one whose weight and height measurements compare very well with the standard normal distribution of weight and height of healthy children of the same age and sex. Akinsola (2006) asserts that the nutritional status of a child can be estimated through weight and clinically where the standard weight is 9kg for 1 year and 19kg for 5 year old children. Deviation from the standard weight is a likely sign of malnutrition.

Munoz; Krebs-Smith; Ballard-Babsh and Clereland (1997) reported that only one percent of all children have eating patterns that are consistent with dietary recommendation. Csete (1997) indicated that good nutrition helps children to achieve their potential. She summed it up emphasizing that to ensure continued growth, children should be fed with nutrient and energy rich complementary foods.

According to Munoz; Krebs-Smith; Ballard-Babsh and Clereland (1997), the negative impact of poor nutrition is worrisome, especially in children and calls for immediate attention. The effect of Vitamin A, iron and zinc deficiency is detrimental to the overall functioning of the child.

Holfords (2004) states that children who are healthy, well nourished, happy and stimulated in the first few years of life (1-5 years) are more likely to perform well in school and later in life. Sound and proper child nutrition practices helps to meet the physical, psychological, social and mental needs of a child.

However, the proper child nutrition practices as recommended by World Health Organization (WHO) and United Nations Children's Fund for under five years of age children involves exclusive breastfeeding for the first 6 months of life, followed by adequate complementary feeding and breastfeeding until the child is at least 2 years old (Azubike, 2007). In addition, under-five children nutritional status can be measured when they are fed with eggs, meat, fish and beans as many under-five children suffer protein deficiency in their diet.

Socio-Economic Factors Affecting Proper Child Nutrition Practices.

It is pertinent to state that child nutrition practices are affected by multiple factors like socio-economic demographic and socio-cultural. Studies show that a mother's education, standard of living, ethnicity, etc are important factors which affect proper child nutrition practices (Mishria and Lahiri, 1999).

Wealth index as a measure of economic condition of a household shows a significant relationship with nutritional status of children. The probability of being stunted and wasted is substantially lower for children of richest wealth quintile than the children of poorest household. This is probably due to the fact that standard of living of the household affects food supplies, use of health services, availability of improved water services and sanitation facilities which are important determinants of child nutritional status (UNICEF 1990). Onofiok and Nnayelugo (1992) stated that, mothers from low income groups seldom give fried meat, eggs or fish to their infants or children because of socio-economic factors, taboos and ignorance.

Das and Sahoo in a study conducted in India (2001) concluded that as far as underweight and wasting are concerned, the percentage of under nourished children is higher in rural areas than urban areas. With respect to the work status of mothers, children of non-working mothers are less likely to be under nourished compared to working mothers. It is also observed that the higher the living standards of the households, the lower the proportion of under nourished children. Children of women with higher education are less likely to be under nourished. Higher educated women owing to their exposure to the outside world are more aware of personal hygiene and issue on preventive, promotive and creative healthcare than uneducated or less educated women education also enables women to make independent decisions and to have greater access to household resources that are important for nutritional status.

Ayaya, Esamai, Rotich, and Olwambula (2011), summarizes the socio-economic behaviours which can affect proper nutrition of a household into:

- ✓ Protective foods like egg, milk, fish (food rich in protein) are expensive and those on lower economic levels tend to avoid these foods; thus affecting the nutritional status of a child in such household.
- ✓ Ignorance of the nutritional needs of target groups, e.g infant and young children of illiterate mothers can lead to malnutrition.
- ✓ Food may be available but the price is too high.
- ✓ Bad food storage and ignorance about better methods of food storage.

Mothers' socio-economic characteristics such as age, education, marital status, health status and occupation correlate significantly with the display of effective parental care and appropriate child development and nutritional status of the child (Briggs, 2000).

According to Girma and Genebo (2002), a mother with proper nutritional education is more likely to bring up children with normal feeding and proper nutritional status than a mother that is nutritionally uninformed. In addition, women who receive even minimal education are generally more aware than those who have no education of how to utilize available resources for the improvement of their own nutritional status and that of their families.

Sometimes, nutritionally illiterate mothers over feed their children especially at the age of 0-5years when the child cannot adequately indicate resistant behaviour. Overfeeding is an excess intake of food due to large or frequent meals. The resultant effect is fermentation with constipation and obesity (Mboho & Basse, 2013). This nutritional behaviour is most prevalent among feeding mothers in the rural areas.

A comparative study on mothers' nutrient in ten Sub-Saharan African countries and a study of Ethiopian mothers by Ferro-Luzzi (2000), shows that the higher the level of education of mothers, the lower the proportion of undernourishment among children. The level of education of the mother is likely to determine the nutritional status of the child.

Education has a certain level of correlation with the financial and socio-economic status of mothers. Financial status with type of occupation plays an important role in determining the nutritional status of a child. The economic status of a household is an indicator of access to adequate food supply, use of health services and sanitation facilities which are prime determinants of children's nutritional health status (UNICEF, 1999).

Udoh (2001) asserts that mothers whose occupation attracts high income are likely to provide balanced nutrients for their children, while the low income earners may not provide food with enough nutrients for their children. Okafor (2002) stated that, a mother's age is a factor in determining the nutritional status of a child. Women that marry too early (under the age of 20), lack the experience of taking care of themselves and their babies. Mothers above the age of 45 are also at risk of mother and child malnutrition.

Relationship between Cultural Beliefs and Malnutrition among Children under 5 Years

Cultural beliefs and local tradition are important in determining health behaviour in general. Studies of feeding practices in different countries have shown a large variety of beliefs and traditions related to breastfeeding (Hizel, 2009). While some of these can encourage breastfeeding, others may discourage it. Predominant among tribal practices in Africa and elsewhere is the custom of ceasing breastfeeding once a new pregnancy has started. The concept of the "Kabesh" is an example in which breastfeeding relates to other people in society not only the mother's milk as described in Egypt.

The belief that the entrant of a menstruating woman into the room can harm a mother or a baby is referred to as "Mushahra" (Marandi, 2010). In Anatolia, not allowing another lactating woman to enter the house is believed to protect the mother and baby from evil forces. The perception of the evil eye presents a barrier to women breastfeeding because a mother might deny her child the benefits of her breast milk if she fears that she has been subjected to evil eye (Hizel, 2009). Kuti (2012) studied the breastfeeding practices among the Yoruba and found out that breastfeeding is held in high esteem and practiced at ease. Problem arises when Yoruba mothers have to work outside the home, formula feeding is usually used during these periods while breastfeeding is done only in the evening when they return.

A similar situation has been described among the Zulu of South Africa by Newton (2010) and the results in both cases are high incidence of stunted growth; severe malnutrition, diarrhoea and vomiting among the babies of working class mothers and those influenced by their parents. According to the study by Sabitu (2008) the prevalence of malnutrition is higher among the children of women having the highest work load and it tends to worsen among the children of women that are heavily engaged in physically stressful agricultural activities. This might be probably due to the inadequacy of breastfeeding pattern observed among such mothers probably resulting from occupational stress. This is likely to be the case in Oron LGA of Akwa Ibom State where the majority of mothers need to struggle, maybe as farmers or petty traders to earn their daily living.

Looking at the percentage of mothers practising breastfeeding and for that duration of time, malnutrition and its associated infant mortality should have been a history in Nigeria. However, Nigeria and Akwa Ibom State, Oron in particular are still saddled with the problem of malnutrition among young children, at a time when infants are supposed to be fed alongside with complementary feeds.

UNICEF Theory on Child Care

UNICEF Nutrition Strategy, (1990) recognizes care as an important determinant of nutritional status of young children. This theory demonstrates that in spite of adverse conditions, poverty, food insecurity and beliefs, enhanced care giving could optimize existing resources to promote good health and nutrition in young children. The actual amount of food ingested by the young child is determined by care-related feeding behaviours such as; breastfeeding, complementary food preparation and overseeing the progression of the child from complete dependence to partaking in adult family food. According to UNICEF (1997), nutrition is not separated from the growth, survival and development of the child. There is rarely a unique cause of malnutrition, but rather a set of factors linked together in a given context.

Analyzing Engle et al (1997), model child on care practices, the behaviours and practices of caregivers (mothers, siblings, fathers and child care providers) that provide the food, stimulation and emotional support necessary for children's healthy growth and development is necessary. These practices translate to food security and health care into a child's well-being. Not only the practices themselves but also the way they are performed (with affection and with responsiveness to children) are critical to children's survival, growth and development. It is impossible for caregivers to provide the care without sufficient resources such as; time and energy. This applies to working class mothers who spend little amount of time with their infants or young children. In this case, exclusive breastfeeding is evitable. However, from the above theory, child care is the pathway to proper nutrition practices of a child.

Erickson’s Development Theory

Erickson proposed that life is in a sequence of developmental stages or levels of achievements. Each stage signals a task that must be accomplished. He believed that humans pass through eight stages throughout their lives, ranging from infancy through late adulthood and that the more successes an individual has at each developmental stage, the healthier the personality of the individual. Failure to complete any developmental stage influences the person’s ability to progress to the next stage/level.

Biologically, one can develop through good nutritional status, healthy environment, etc. in the absence of adequate nutrition, the biology of the systems, organs, tissues of the body as well as the individual as a whole will be disrupted.

Applying this theory based on the various stages of development from infancy to pre-school age; the infancy stage is the period of satisfaction of a child’s basic needs which include proper nutrition/feeding practices, security, which results in the proper developmental manifestations of the young child’s cognition. If these needs are not met, especially the nutritional needs, it predisposes the child to malnutrition, behavioural changes as well as cognitive deficit. The child seeing his/herself looking different in appearance from other children around, tends to isolate his/herself. In addition, children who are denied meat/egg due to traditional beliefs tend to lack proteins’ content in their diet and thus, can lead to wasting in children. This will invariably affect young children as they grow older.

Unsuccessful accomplishment in one stage affects progress to the next stage, leading to mal-development of the child; for example, the avoidance of colostrum’s (yellowish substance from the breast) by northern mothers, opens the child’s immune system to infectious air borne diseases, thus, impeding on the healthy growth of infants. Proper nutrition practices are therefore important to the development and upbringing of a child.

Justification of Theory

The kind of occupation, which some mothers are engaged in, does not give them adequate time to see to their young child’s nutritional needs as stated in the UNICEF theory on child care. The propriety of child nutrition practices can be determined by the growth and development of a child. Thus, the study adopted the Erickson’s Development Theory, because proper development of a young child from infancy to pre-school age can be achieved through adequate nourishment and proper child nutrition practices. Cultural beliefs may also influence proper child nutrition practice.

III. METHODS

This study adopted the survey design. Descriptive design was applied to ensure accuracy and thorough description of the properties or characteristics of the problem under study. The study area was Oron Local Government Area of Akwa Ibom State. The target population consists of women who are mothers of children between 0-5 years of age. The state currently has no data on the actual or estimated population of these women who are mothers of children between 0-5 years of age. In a situation where the actual population size is infinite or cannot be accurately estimated, Godden’s (2004) opined that the infinite population sampling formula could be used to determine the sample size. Thus, a sample size of three hundred and eighty four (384) respondents was derived for this study using Godden’s (2004) sample size determination formula. The Local Government Area was divided into 4 clusters in line with the existing Clans (District). From each cluster, six villages were randomly selected for inclusion into the study. Thus, 24 villages were covered by this study. From the 24 villages, 16 mothers’ with child 0-5 years were drawn using the purposive sampling technique. This produced a total sample size of 384 respondents. The selected respondents’ were administered with copies of questionnaire. The exponential non-discriminative snowball sampling (also known as chain referral) technique was used to select the respondents’. Questionnaire was used for data collection from the respondents’; data were coded, entered and analyze using Statistical Package for Social Sciences (SPSS Version 20), frequency, percentages means and standard deviation were used to analyze and answer the research questions. One sample t-test was used to compare the means with a criterion (cut-off) mean for significance. Means greater than the cut off 2.50 was regarded as positive response and vice versa.

IV. RESULTS AND DISCUSSION OF FINDINGS

Socio-Demographic Variables of the Respondents

Table 1: Frequency and percentage distribution of the socio – demographic characteristics of respondents n = 376.

	<i>f</i>	% (100)
Age group	20 – 24	126 33.5
	25 – 29	137 36.4

	30 – 34	66	17.6
	35 – 39	35	9.3
	40 & more	12	3.2
	Total	376	100
Occupation	Trader	149	39.6
	Farmers	113	30.1
	Civil servant	50	13.3
	Teachers	31	8.2
	No Response	31	8.2
	Total	376	100
Level of Income	No Response	21	5.6
	Below #20,000	121	32.1
	#21,000 – 40,000	187	49.7
	#41,000 – 60,000	42	11.1
	#61,000 and above	5	1.3
	Total	376	100
Educational level	No formal education	19	5.1
	Primary education	91	24.2
	Secondary education	226	60.1
	Tertiary education	40	10.6
	Total	376	100
Marital status	Married	299	79.5
	Single	55	14.6
	Divorced/separated	6	1.6
	Cohabiting	16	4.3
	Total	376	100
Religion	Apostolic	184	48.9
	Catholic	58	15.4
	Pentecostal(Assemblies)	108	28.7
	Jehovah witness	9	2.4
	Other Religions	17	4.5
	Total	376	100

Source: Fieldwork, (2020). Mean age \pm SD = 24.97 \pm 10.11

Table 1 above shows the frequency distribution of the demographic characteristics of the study participants. Of the 376 participants of the total population, none was below 20yrs of age. The majority were between 25 – 29yrs (36.4%) followed by 33.5% who were between 20 – 24yrs, very few 3.2% were above 40yrs.

The occupation of the respondents as showed on the tabled, revealed that majority of the respondents were 39.6% were Trader, followed by 30.1% who were farmers, 13.3% civil servants, 8.2% teachers, and 8.2% no response.

The income level of the respondents showed in Table 1 above, revealed that majority of the respondents income level at 49.7% (187) earned #21,000 – 40,000 followed by 32.1%(121) who earned below #20,000, 11.1%(42) of the total population earned between #41,000 – 60,000, while 5.6%(21) of total population had no responses and 1.3%(5) of the total population earned #61,000 and above.

From the respondents' educational level, it revealed that the respondents were predominantly secondary school certificate holders (226, 60.1%), while 24.2% and 10.6% of them had primary education and tertiary education respectively, only 5.1% had no formal education. The respondents were all Christians, predominantly married

(315, 83.8%), 55(14.6%) single and 6 (1.6%) divorced/separated.

Objective 1: Determine the influence of Socio-economic status on the nutritional status of children

Table 2: Influence of Socio-economic status on the nutritional status of children

	Strongly disagree		Strongly Agree		Mean ± SD
	Disagree	Disagree	Agree	Agree	
	n (%)	n (%)	n (%)	n (%)	
1 Poor families are more likely to have malnourished Children Than the rich families.	15 (4.0)	46 (12.2)	140 (37.2)	175 (46.5)	3.26 ± 0.82
2 Poor wage earners buy cheap food in order to make ends meet leading to poor nutritional status.	6 (1.6)	41 (10.9)	184 (48.9)	145 (38.6)	3.24 ± 0.71
3 Poor living conditions (inadequate Water supply, Inadequate sanitation) lead to infection which causes poor nutritional status.	7 (1.9)	10 (2.7)	87 (23.1)	272 (72.3)	3.66 ± 0.62
Grand mean					2.91 ± 0.26

Source: Fieldwork, (2020).

Result from Table 4.2, reveals that poor families are more likely to have malnourished children than rich families with a mean response value of 3.26, poor wage earners buy cheap food in order to make ends meet leading to poor nutritional status with a mean response value of 3.24, poor living conditions (inadequate water supply, poor sanitation) lead to infection which causes poor nutritional status with a mean response value of 3.66 all had mean scores greater than the criterion mean of 2.5 confirms that majority agree. The grand mean score of 2.91 and SD score of 0.26, which is greater than the criterion mean of 2.5, confirms that socio-economic status of the family has an influence on the nutritional status of children.

Objective 2: Identify the religious and cultural practices that influence the Nutritional status of children

Table 3: Religious and cultural practices that influence the nutritional status of children

	Strongly Disagree		Strongly Agree		Mean ± SD
	Disagree	Disagree	Agree	Agree	
	n (%)	n (%)	n (%)	n (%)	
1 Cultural beliefs and Traditional practices have great influence on nutritional practices.	17 (4.5)	74 (19.7)	110 (29.3)	175 (46.5)	1.82 ± 0.90
2 Stopping Breastfeeding Once new pregnancy has started.	41 (10.9)	81 (21.5)	101 (26.9)	153 (40.7)	2.03 ± 1.03
3 Mothers transmit pain to the child through breast milk.	152 (40.4)	143 (38.0)	37 (9.8)	44 (11.7)	3.07 ± 0.98
4 The first breast milk is dirty and should not be given to the baby.	196 (52.1)	101 (26.9)	25 (6.6)	54 (14.4)	3.17 ± 1.07
5 Eating Less During Pregnancy prevents Birth Complications caused by large babies.	93 (24.7)	101 (26.9)	78 (20.7)	104 (27.7)	2.49 ± 1.14
6 Feeding on eggs makes children thieves.	264 (70.2)	68 (18.1)	4 (1.1)	40 (10.6)	3.48 ± 0.95
7 Influence of Significant Others Affect nutritional Intake of children.	82 (21.8)	111 (29.5)	125 (33.2)	58 (15.4)	2.58 ± 0.99

8Feeding on meat/fish Make children thieves.	271 (72.1)	65 (17.3)	7 (1.9)	33 (8.8)	3.53 ± 0.90
Grand mean					2.77 ± 0.64

Source: Fieldwork, (2020).

Table 3, shows that majority of the respondents believed that feeding children egg, meat and fish makes them thieves with mean value response of 3.48 and 3.53 respectively while majority also disagreed with stopping breastfeeding in the advent of a new pregnancy with mean value score of 2.03, while majority disagreed that their cultural practices had influence on the nutritional status of their children with a mean response value of 1.82 but the grand mean score of 2.77 and SD score of 0.64 which is greater than the criterion mean of 2.5 confirms that religious and cultural practices have influence on the nutritional status of children.

Hypothesis 1: There is no significant relationship between Socio-economic status Influence and nutritional status of their children

Table 4: One sample t –test of Socio-economic Status s Influence on Nutritional Status of their children

Test Value = 2.5

Mean ± SD	t	P value	Mean Difference	95% Confidence Interval of the Difference
Socio-economic status Influence	33.146	< 0.001	0.77	0.73 - 0.82

Decision rule:

Since the significant value of the t statistic is less than 0.05 level of significance, the null hypothesis is hereby rejected and the alternative accepted. Therefore, there is a significant relationship between Socio-economic status influence and nutritional status of their children.

V. CONCLUSION

Based on the findings of this study, it reveals that, variables such as age, level of education, level of income, marital status, and religion have a positive and significant relationship on the level of proper child nutrition practices in Oron Local Government Area of Akwa Ibom State.

Socio-economic status of the family like the occupation of mother and breadwinner, the person who controls the finance, poor ways and poor living conditions (inadequate water supply, inadequate sanitations), with a grand mean score of 2.91 has a negative influence on the nutritional status of children. This study corroborates with the study of Onofiok and Nnyelugo (1992), which state that mothers’ from low income groups seldom give fried meat, eggs or fish to their infants or children because of socio-economic factors, taboos and ignorance. Also Udoh (2001) asserts that mothers whose occupation attracts high income are likely to provide balanced nutrients for their children, while the low income earners may not provide food with enough nutrients for their children. Okafor (2002) stated that, a mother’s age is a factor in determining the nutritional status of a child. Women that marry too early (under the age of 20), lack the experience of taking care of themselves and their babies.

Religious and cultural practices alike believe that mother’s transmit pain to child through breast milk, discarding of colostrum’s, eating less during pregnancy in order to prevent birth complications caused by large babies, denying children of egg, meat and fish are held strongly by the mothers’ and all had a negative impact on the nutritional status of children. The quantity of food given to young child as a means of solid food, contend mainly starchy food like rice, yam, garri and corn gruel. This study affirms to the studies of earlier scholars like Kakute; Nwenfu, John, Pat, and Dorothy (2005) who observed that in Cameroun, infants are usually not given the first breast milk – Colostrum- which contains high protein and antibody nutrients because of the belief that is “dirty milk” and thus can cause diarrhoea in infants.

In addition, UNICEF (1995) asserts that certain foods are deeply attached with symbolic meanings in every culture. For example, the belief that a child should not be given eggs as this will encourage them to steal. This belief is likely to determine what shall be eaten, as well as become a cherished tradition to children. In other words, the cultural background of a mother or caregiver embraces certain beliefs concerning some foods and consequently makes them eat or stay away from eating them.

The study also found out that, 65% of the mothers' in the study area are inadequately knowledgeable about the proper nutrition of their under five years children, hence leaving the children to suffer from stunted growth, wasting and weight loss, as a results of the level of the education of the mothers. Girma and Genebo (2002), also stated that, a mother with proper nutritional education is more likely to bring up children with normal feeding and proper nutritional status than a mother that is nutritionally uninformed

VI. RECOMMENDATIONS

In line with the findings of this study, the following recommendations were made:

- The importance of exclusive breast feeding and the use of locally available, highly nutritious food resources as weaning diet should be taught during ante-natal period and community outreach programmes.
- Women empowerment should be encouraged as it promises to improve family finances, better food security and better childhood nutrition. Because most of the women in the study area are mostly farmers and traders.
- Health care personnel should educate mothers on factors that lead to poor nutritional status. Improvement on nutritional status of children can be achieved through increasing client's knowledge especially in the rural areas to discourage those detrimental practices that lead to malnutrition.

REFERENCES

- [1]. Akinsola, H.A (2006). A-Z of Community Health in Medical Nursing and Health Education Practice. Ibadan: College Press and Publishers.
- [2]. Ayaya, S.O., Esamai, F.O., Rotich, J. & Olwambula, A.R. (2011). Socio-economic factors predisposing under five-year-old children to severe protein energy malnutrition at the Moi Teaching and Referral Hospital, Eldoret, Kenya. *Eastern African Medical Journal*. August, 81(8), 415-421.
- [3]. Azubike, N; Nkangineme, K. E (2007). *Infant Feeding 2nd ed.* Pediatrics and Child Health in a Tropical Region, Port Harcourt: University of Port Harcourt Press. Pp. 222-224.
- [4]. Briggs, G.M. (2000). *Boogert's of Africa Societies*. Calabar Serenity Publishers, Nigeria. Pp. 39-45.
- [5]. Csete, J. (1997). Malnutrition and Disability in the International Newsletter on Child Health Prevention. *Child health Dialogue*. Quarter Issue. Pp. 32-40.
- [6]. Das, S., and Sahoo. H. (2001). An Investigation into Factors affecting Child Under-nutrition in Madhya Pradesh. Department of Applied Geography and Department of Social Work, Ravenshaw University, India.
- [7]. Diane, E; Sally, W; Ruth, D (2004). *A Child's World: Infancy through Adolescent 9th Edition*. New York: McGraw Hill.
- [8]. Engle, P.L; Menon, P., and Haddad, L. (1997). *Care and Nutrition Concepts and Measurement*. Occasional Paper International Food Policy Research Institute: Washington DC. Pp. 50-56.
- [9]. Ferro-Luzzi, L.B. (2000). *Nutritional Science* – <http://www.nutrition.org>
- [10]. Girma., W and Genebo, T. (2002). *Determinants of Nutritional Status of Women and Children in Ethiopia*. Health and Nutritional and Research Institutes. Addis Ababa, Ethiopia.
- [11]. Godden, W. (2004). *Sample Size Formulas*. Retrieved from <http://williamgodden.com/samplesizeformula.pdf>
- [12]. Kakute; Nwenfu, P; John, N., Pat, M., and Dorothy, J.M. (2005). Cultural Barriers to Exclusive Breastfeeding by mothers in a rural area of Cameroon Africa. *Journal of Midwifery and Women's Health*. Vol. 50 (4). Pp. 121-132.
- [13]. Hizel, E.O. (2009). *Paediatric Priorities in the Developing World*. Butterworth, Italy: Irvington publishers Inc.
- [14]. Holfords, P. (2004). *New Optimum Nutrition Bible*. Great Britain by Clowes Limited Beeds. Pp. 357-359.
- [15]. Kietu, A., and Ayoku, S. (1984). *Nutritional Studies of a Nigeria Multimix Weaning Food*. Nigeria Journal of Nutrition Science.
- [16]. Kuti, E.F. (2005). Breastfeeding practices among the Yorubas. Retrieved 22nd March, 2012 from <http://www.ncbi.nlm.nih.gov/pubmed/888163>.
- [17]. Ladipo P; Morris PM. (1974). Child feeding and toddler mortality in west Nigeria. *Journal of Nutrition Education*. 6(1):17-21.

- [18]. Martorell, R., J. Haschike, H. Semba, E. Bloem (1992). "Long-term consequences of growth retardation during early childhood". In Human growth: basic and clinical aspects Edited by: Hernandez, M. and Argente J. Amsterdam: Elsevier Science Publishers. Pp: 143- 149.
- [19]. Marandi, M.M.(2010). Tribal practices in Africa: Breastfeeding focus. Retrieved 17th March, 2012 from <http://global-4-ibs-c-article-kabseh-001.pdf>
- [20]. Mishra, V. K., and Lahiri, S.N. (1999). Child Nutrition in India, NFHA Subject Report. Population and health studies.
- [21]. Mboho, M., and Bassey, R. (2013) Mothers' Variables as Determinants of Nutritional Status of Children 0-5 Years In Nsit Ibom Local Government Area of Akwa Ibom State, Nigeria. Academic Research International ISSN-L: 2223-9553, ISSN: 2223-9944 Vol. 4 No. 5.
- [22]. Munoz, K.A. and Krebs-Smith, S.M., Ballard-Babsh, R., and Clereland, L.E. (1997). Food Intake, of US Children and Adolescents compared with Recommendations. Pediatrics Journal, 319-327.
- [23]. Nigeria Demographic and Health Survey (1999). National Population Commission, Abuja, Nigeria
- [24]. Newton, S.E. (2010). Effects of Child's Feeding Pattern. Cape Town: Oxford University Press.
- [25]. Okafor, R.U. (2005). Principles of Healthful Living, 2nd Edition. Onitsha: Erudite Publisher, Nigeria.
- [26]. Onofiok, N., and Nnayelugo, D, (1992). Weaning Foods in West Africa: Nutritional Problems and possible Solutions. Occasional Paper, Nuskka: Department of Home Science and Nutrition, University of Uyo.
- [27]. Sabitu.E. (2008).Breastfeeding and weaning in rural Mexico Nutrition Health, 9, 255-263.
- [28]. Udoh, J.S. (2004). Social Studies Education (Methodology and Content). Uyo: Samuf Publishers, Nigeria.
- [29]. UNICEF. (1999). Faces of Africa Children. Ethiopians World Round Table 2(4).
- [30]. UNICEF (1990). Strategy for Improved Nutrition of Children and Women in Developing Countries. New York: UNICEF.
- [31]. UNICEF. (1997). The Care Initiative: Assessment, Analysis and Action to Improve Care for Nutrition. Ed. New York.
- [32]. WHO. (2002). Global Strategy for Infant and Young Child Feeding. DocA55N5, World Health Organization, Geneva Switzerland.

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