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Social Factors Influencing Nutrition Status of Expectant Women Admitted At Pumwani Maternity Hospital, Nairobi, Kenya

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Abstract: ***This study was carried out at Pumwani Maternity Hospital; Nairobi, Kenya in 2009.The purpose of the study was to understand social cultural factors that influence maternal nutrition status among women in perinatal period. Thirty-five expectant mothers and five key informants were sampled. Data collection was by way of interviews using structured questionnaires. The study used four main approaches in assessing nutritional status- Anthropometry, which measures the dimension of composition of the human body; Biomarkers- they reflect either nutrient intake or the impact of nutrient intake (hemoglobin levels were checked); Clinical assessment which ascertains the clinical consequences of imbalanced nutrient intake and; Dietary assessment which estimates food and/or nutrient intake. The researcher used qualified midwives to carry out biomarkers (hemoglobin level test) and clinical assessment of the respondents. The main findings were that, unavailability of money and food preferences were the major factors that influenced food intake more than cultural and religion and that a significant number of the expectant mothers had poor nutrition and were at risk of maternal complications.***

Keywords: Social factors, Cultural background, dietary behavior, household income, residence

1. Introduction

Some 200 million women become pregnant each year, most of them in developing countries. Many of these women suffer from both ongoing nutritional deficiencies and long-term cumulative consequences of undernutrition during childbirth, Jose Mora and Penelope Nestel (2000). AbouZahr et al (2008) estimate that, 500,000 maternal deaths occur each year, of which 494,000 occur in developing countries. The worldwide maternity mortality ration is estimated to be 390/100,000 live births, 30/100,000in the developed world and 450/100,000 in the developing countries. AbouZahr observes that even with these high levels, the developing world is probably underestimated. Pregnancy-related health and nutritional problems affect a woman's quality of life, that of her newborn infant well beyond delivery, and that of her family and community. According to WHO (2006) report, more than 7 million newborn deaths are associated with maternal health- and nutrition-related problems resulting from poorly managed pregnancies and deliveries or inadequate care of the neonate.

The researcher's interest in this study was prompted by social consequences maternal mortality presents on families and especially the impact on surviving children who lack maternal care. In their study of maternal mortality in Sweden, Hogberg and Brostrom found out that 68 % of infants born alive to dying mothers did not survive. Even more striking, siblings aged less than 1 year at the time of the mother's death had only 3% chance of surviving to age 5 years. Similarly, siblings between ages 1 and 5 years had only a 13% chance of surviving to the same age. Although the effect in the contemporary developing world may not be this severe, the death of a mother is likely to be followed by the death of approximately 50% of her children under the age of 5 years observes Hogberg. Although some of these children may die of causes shared with their mother (e.g., starvation), most will die directly or indirectly from lack of maternal care.

2. Research Objective

The broad objective of the study was to investigate the social factors that influence nutritional status and dietary habits among women attending Pumwani Maternity hospital

3. Research Methodology

The study employed a triangulation. Subjects were sampled using stratified sampling techniques from a sample-frame of pre-natal mothers admitted to Pumwani maternity Hospital in Nairobi. A structured questionnaire was used to collect data from the expectant mothers. An interview guide was used to collect data from key informants who were selected purposively.

4. Research Findings and Discussion

Majority of the respondents were in their early years of reproductive age. Nearly 63 % of the expectant women were aged between 18-24 years. Nearly 34 % of the mothers were aged 25-29; those aged 30-34 years were 3%.

Although married women were the majority at nearly 51 %, a significant number of 48% were single mothers. About 54 % of the mothers had primary education as the highest level of education, nearly 30% had reached secondary level, almost 20 % had not had any formal education and less than 3% had post secondary education. From the results we see that majority of the mothers in the study were not well educated. Nearly 31 % of the mothers were engaged in small businesses as a source of income. About 11 % were employed as house helps, 6 % worked in salons.

Majority of the respondents lived in low social status estates. This estates are characterized by poor public amenities such- poor sanitation, poor lighting, severe water shortage and poor health facilities and insecurity. Nearly 17 % of the mothers lived in Eastleigh, 11 % lived in Huruma. Over 17 % of the mothers lived in informal settlements of Mathare, Kosovo, Mukuru Kwa Njenga, Ruaka and Kangemi. This confirms that Pumwani Maternity Hospital mostly serves clients of very low income or no income.

Nearly twenty percent of the respondents were not employed. Almost 29 % were housewives. Majority of the respondents indicated they had no spouse. Close to 22% said that their spouses did small-scale business for an income. Nearly 17 % said that their spouses were employed as casual workers. Majority of the mothers (28.6%) said that their household income was between Ksh 2000- 4000. Nearly 26 % said household income was Ksh 4000-6000. Those whose household income was between Ksh 8000-10,000 were 14 %. About 11 % earned less than Ksh 2000 shillings per months. (Exchange rate as at the time of study was Ksh 92 per 1US dollar). Majority of the mothers (63%) used kerosene as fuel to cook, 17 % used gas, and 14 % used charcoal while 6 % used firewood. Kerosene is affordable to the low social economic class because it is sold in small quantities. Type of fuel for cooking was important for this study because it confirmed the economic status of the mothers. From the results, we can see that mother's interviewed did not have occupations that could bring in good or sufficient income to purchase adequate food and meet other basic needs. Fifty percent of the respondents were household heads. Female-headed household face multiple of challenges. The woman-heading household shoulders multiple roles such as reproductive, nurturing and provision. Given the social economic status of the women under the study, the women are unlikely to sustain their families with adequate care including nutrition since they do not have good education to attract careers that have sufficient income, and therefore the women could remain with insufficient purchasing power over the years

Majority of the mothers had forms of nutritional disorders. Forty eight percent of the mothers had low hemoglobin level indicative of poor nutritional status. Nearly 63% of the mothers said the main reason for not taking adequate diet was lack of money to buy food. About 23% cited large household size as an impediment to taking adequate food. Nearly 91% percent mentioned food preference as the main reason of excluding certain foods from their diet.

About 83% said religion does not influence what they eat. Nearly 60% of the mothers said cultural background influenced their food preference. The study revealed that religion was not significantly strong in influencing food intake and nutritional status among

Fifty four percent of the mothers were found to be having poor nutritional status. Poor nutritional status of the respondent could be attributed low purchasing power occasioned by poor education or lack of better paying jobs or income generating activities. Majority of the mothers had a household size of two. A significant number were living alone- confirming their single status. About 35 percent of the mothers had a household of between four and five. Household size is significant because it may tell us the competition for food within the family. Mothers will tend to serve the children and the husband before serving themselves. In households with less food, mothers often end out missing the food.

Nearly 20% took breakfast only once or twice a week while nearly 40 % of the mothers took breakfast 3-4 times a week while 30% took breakfast daily every week. The reason given for not taking breakfast was lack of money to buy food. Over 61 % of the mothers ate lunch only once or twice or thrice a week. Nearly 74 % of the mothers ate supper daily. Super was the main meal among the mothers.

The most frequently consumed foods were beans, peas, mixed beans and maize or green grams at least 6-7 days a week. Nearly 20 % of the mothers consumed rice daily. Nearly 54 % of them ate Ugali (solid corn meal) daily while less than 9 % ate chapati or bread daily. Chicken and fish were least consumed foods. Nearly 66 % of mothers consumed food half or less of a standard plate. Out of the 66 %, 43 % of the mothers consumed less than half a plate of food at a meal. Given that majority of the mothers ate lunch less than five times, this indicates that the mothers ate inadequate food. Even though most mothers consumed carbohydrates, because of the little amount consumed as evidenced by the frequency and amount intake, the mothers may not be getting the full benefits nutritionally. About source of information on nutrition 51.4 % of respondents the information from the nurses, 20 % received the information from friends while 17 % received from media.

A significant number of twenty-six percent were under-weight**;** nearly thirty-six percent of the mothers were either overweight or obese while 37% percent of the mothers had a normal body mass index. Though the majority of the mothers at 52 % did not have anemia, a significant number of 48% had low level of anemia, indicative of poor nutritional status. Poor nutrition status causes iron deficiency anemia during pregnancy. Iron deficiency is a health risk and a major cause of maternal death (World Health report on maternal health and safe motherhood programs) (David Rush 2000). These results concur with Makokha (1991) that a significant number of maternal mortality in Kenya is a result of poor nutrition. Poor nutrition causes iron deficiency and subsequent maternal complications and death. Makokha notes that iron deficiency anemia is among the five leading causes of maternal death in Kenya. Further, the above findings concur with McGuire and Popkin's studies on the nutritional status of pregnant and lactating women, (cited

by Jose Mora and Penelope Nestel (2000), which showed that women in developing countries consumed only about two-thirds of the recommended daily intake of energy and that their average weight for height was, in most cases, well below the 50th percentile for small-framed women in developed countries. Nearly 60 % of the mothers indicated that cultural background influenced their food preferences.

5. Conclusion and Recommendations

Social factors greatly influence nutritional status of expectant women admitted to Pumwani maternity hospital. Circumstances under which the women live cannot allow them access adequate and nutritious foods. In view of this reality, feeding program models should be considered in the pre natal care if the nutrition statuses of the expectant women are to be effectively improved.

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