



## **NUTRITIONAL MALAISE OF PREGNANT TEENAGERS**

**BY**

**UKPENE, CHIKA P.**

HOME ECONOMICS DEPARTMENT

COLLEGE OF EDUCATION, AGBOR

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### **ABSTRACT**

*Teenage pregnancy in Delta North Senatorial District, like most other regions of Nigeria, is on the increase. Hence this research was motivated to investigate the effect of feeding habits on the health of pregnant teenagers as well as identify nutritionally related diseases among them within the senatorial district. It had been reported that some of the pregnant teenagers suffer from both ongoing nutrition deficiencies and the long-term cumulative consequences of under nutrition during childhood. Pregnancy-related health and nutrition problems affect a woman's life, that of her unborn baby and new born infant well beyond delivery. The research, an ex-post-facto design, used a sixty item questionnaire to generate information on the effects of feeding habits on the health of pregnant teenagers from 180 respondents sampled from 25 sub-urban settlements selected from the 3 Local Government Areas in Delta North Senatorial District. Furthermore, cases of oedema, weak anaemic, poor growing, low weight babies were reported in the study. The paper recommended that parents should bring up children under circumstances that would prevent the occurrence of teenage pregnancy and for those who eventually become pregnant, should be taught about balanced diet and the importance of observing them.*

**Key words:** Nutrition, malaise, pregnancy and teenagers.

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## INTRODUCTION

Teenage pregnancy is a situation where an under-aged girl (usually within ages 13-19) becomes pregnant. It is believed that most teenage pregnant women lack basic nutritional knowledge of proper feeding habit towards their developing foetus as it relates to their health. Most pregnant teenagers however take pleasure in snacking, skipping meals, dieting, eating away from home.

Nutrition is the combination of processes by which the living organism receives and utilizes the food necessary for the maintenance of its functions and for the growth and renewal of its components (Onyebueke and Souzey, 2003). Food habit refers to the behaviour acquired by people towards food. It comprises of the way in which individuals or group of individuals in response to socio-cultural pressures select, consume and make use of portions of the available food supply. Food habits include food fads, religious beliefs, food fallacies and the frequency and pattern of eating (Uddoh, 1988).

A food fad refers to the likeness for a particular food. This is usually temporal and may occur often in pregnant women. Uddoh (1988) noted that food fad is harmless in such women provided that all the necessary nutrients are obtained daily. Food fads also develop among healthy teenagers for biscuits, coke, ice cream and cakes.

Fallacies are restrictions placed on the access to some foods by women and children. For instance; it is believed that children would develop the tendency to steal if granted free access to meat and eggs. This may account for the amount of kwashiorkor cases recorded in children. Also, some people say that a woman should not eat snails during pregnancy because her baby will be disposed to producing excess amount of saliva.

The feeding habit describes the nature of food and the frequency of food intake by people. This is usually determined by age, sex, climate, type of work done as well as physical state, that is whether somebody is pregnant or not. The adolescents are at high risk for poor nutrition during pregnancy due to their unhealthy eating habit (Medical University of South Carolina (MUSC), 2008). Poor nutrition can result in mothers being underweight which might predispose them to pre-term delivery, poor foetal growth, anaemia, and other medical problems (MUSC, 2008). Teenagers with poor diet are also at risk of gaining too much weight in their pregnancy.

Nutritional malaise as used in this study is a feeling of general bodily discomfort, fatigue or unpleasantness, often at the onset of illness due to poor feeding habit. Good nutrition is important for the health and reproductive performance of women and healthy survival and development of their child. Malnutrition in pregnancy is not conspicuous and remains to a large extent uncounted and unreported. In nutrition for the teenage mother to-be, Struempfer (1994) stated that eating enough of the right foods will help mothers feel good, look good and have enough energy. Most importantly, forming a good eating pattern will also enable a teenage pregnant mother to have a healthy baby- this is because she needs to be healthy to have a healthy baby. Mothers who eat unhealthy diets during pregnancy may be putting their children at risk of developing long term, irreversible health issues including obesity, raised levels of cholesterol and blood sugar (Wellcome Trust, 2008). On the other hand, eating enough of the right foods will help the pregnant mother feel good, look good, and have enough energy. More importantly, eating foods in the right mix will provide the young mother with a normal, healthy baby. It is therefore important to eat a variety of foods, including milk and milk products, meat and other protein foods, bread and cereals, egg and vegetables.

Adekanle, Adeyemi and Odu (2008) noted that teenage pregnancy which occurs more commonly in Nigeria due to poor socio-economic status, infrastructure poor food knowledge, unavailability and low use of contraceptives accounts for about 21.9% of all pregnancies. Under the circumstance they hardly meet their daily nutritional needs hence this study intends to look at the feeding habits of pregnant teenagers in Delta North Senatorial District of Delta State.

## **STATEMENT OF THE PROBLEM**

An undisclosed number of teenagers become pregnant each year in Delta North Senatorial District. Many of these pregnant teenagers suffer from both ongoing nutrition deficiencies and the long-term cumulative consequences of under nutrition during childhood. Pregnancy-related health and nutrition problems affect a woman's life, that of her unborn baby and new born infant well beyond delivery. The impact of women's prenatal health and nutrition status on child growth, health, survival and development is both through their reproductive performance and survival and through foetal growth and development. Poor health and nutrition are associated with repeated, closely spaced pregnancies that progressively reduce women's nutritional reserves to the point of nutritional depletion known as maternal depletion syndrome (MDS) which can predispose them to anaemia or pregnancy difficulties.

The main negative outcome of poor prenatal health and nutrition, as well as inadequate care during pregnancy and delivery is reflected in the high cases of maternal mortality in developing countries which includes Nigeria, as well as the Delta North Senatorial District. With a steadily growing underage female population that is highly vulnerable to poverty and unprotected sex, their food consumption habit may be affected.

## PURPOSE OF STUDY

The main purpose of the study was to examine the feeding habits of pregnant teenagers in Delta North Senatorial District of Delta State.

Specifically, the study seeks to:-

1. Identify nutritionally related diseases that affect pregnant teenagers in Delta North Senatorial District of Delta State.
2. Examine visible consequences of poor feeding habit on the health of pregnant teenagers.

## RESEARCH QUESTIONS

1. What are the nutritional diseases that affect pregnant teenagers in Delta North Senatorial District of Delta State?
2. What are the visible consequences of poor nutrition on pregnant teenagers in Delta North Senatorial District of Delta State?

However, the study suggested ways of improving the feeding habit of pregnant teenagers, irrespective of culture, economic status and belief system.

## SIGNIFICANCE OF STUDY

The findings of this study will improve the nutrition status of pregnant and non-pregnant teenagers. It would also throw light on the essence of cultivating proper feeding habits for proper growth and development of foetuses, so that the right average body weight or body mass index can be attained.

## **THE DESIGN OF THE STUDY.**

The study used ex-post-facto research design which will investigate the effect of feeding habits on the health of pregnant teenagers in Delta North Senatorial District. It is an ex-post-facto research design because the subjects (pregnant teenagers) have already been assigned to their appropriate levels of the variables (feeding habits) whose effects are being investigated. The research design was used to describe what is happening to the pregnant teenagers by collecting data from the population which they represent.

## **POPULATION OF THE STUDY.**

The population of the study comprised of 236 pregnant teenagers identified from 25 sub-urban settlements in 3 Local Government Areas (L.G.A) (Ukwani, Ika and Aniocha) of Delta North Senatorial District. They represent the number of pregnant teenagers registered at the health centres in their localities at the time of visit to the settlements.

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## **SAMPLE AND SAMPLING TECHNIQUE**

A sample size of 180 was drawn from the entire population of 236 using a proportion of 0.41, 0.25 and 0.34 for Ika South LGA, Ukwani L.G.A. and Aniocha L.G.A respectively, using the proportionate stratified random sampling technique (Table 1).

## DATA COLLECTION

The study used a questionnaire titled “Pregnant teenagers Questionnaire (PRETEQUE). The PRETEQUE was designed for use in carrying out a nutritional assessment of the pregnant teenagers which among others comprised of their background histories. It was content validated by test, retest administration to subjects in their natural setting.

Table 1: Population size of the respondents.

<b>Ika South</b>		<b>Ukwani</b>		<b>Aniocha</b>	
Abavo	- 15	Akoku	- 8	Umute	- 8
Agbor-Obi	- 10	Umutu	- 9	Ejeme-Uno	-14
Alihame	- 15	Umuaja	- 5	Ejeme-Aniogor	- 10
Ekuku-Agbor	- 8	Obeti	- 4	Eba-Uno	-13
Alihagu	- 7	Ebedei	- 4	Adonta	- 9
Alisimie	- 5	Obiaruku	- 15	Isheagu	- 11
Agbor-Nta	- 5	Owa-Abbi	- 7	Ogwashi-Uku	- 15
Ewuru	- 6	Umukwata	- 8		
Aliokpu	- 5				
Agbor Metropolis	20				
	96		60		80

## ADMINISTRATION OF INSTRUMENT

The researcher earmarked two weeks to distribute copies of the questionnaire to the respondents in their settlements. To facilitate this process the services of two assistants were engaged.

## METHOD OF DATA COLLECTION

The questionnaire was distributed to the pregnant teenagers on their clinic days in each locality for completion. The services of two research assistants were used to facilitate the researcher's efforts in the study. Two visits were made to each of the study areas for data collection.

## RESULTS

From Table 2, the study revealed that 75 percent of the pregnant teenagers eat snacks most of the time during pregnancy while 25 percent disagreed. In addition, 45.56 percent disagree to eating "biscuit bones" or cartilage bones while this supplement was consumed by as much as 54.44 percent. Only 2.75 percent of the respondents agreed that their culture forbids pregnant women from eating snails and eggs while 97.22 percent discountenanced the idea. It was noted that few pregnant teenagers (31.67%) skip meals to keep their shape, while 41.67 percent take vitamin supplements to maintain good health. It was also observed that 51.67 percent of the respondents over-eat during pregnancy. The pregnant teenagers affirmed that they consumed various drinks to relax as follows: alcohol (5.56%), soft drink (50.00%) palm wine (38.89%) and none of the above (56.56%). On the type of foods eaten more often during pregnancy, the pregnant teenagers responded thus: eba (16.67%), 'fufu/akpu' (22.22%), beans (18.89%), rice (20.00%) and snacks (22.22%). It means that the respondents prefer snacks, fufu, rice, beans and eba in that order. About 5.56 percent of them however, opined that they smoke most of the time.

Table 3 revealed a similar background history for the pregnant teenagers except in a few cases. For example, nutrition related impairments such as rickets, marasmus, scurvy and obesity have been observed in some families of the pregnant teenagers at one time or another. However,



kwashiorkor was observed in the family history of the respondents from all the local government areas except Ukwani. Of all the nutritional related impairments, obesity was more

prevalent among the parents of the pregnant teenagers as shown by 22.22 percent affirmative response. In addition, 40 percent of the pregnant teenagers reported having cases of oodema, while their fathers (41.67 percent) and their mothers (31.67 percent) had reported cases of diabetes mellitus. 61.11 percent of the pregnant teenagers claimed to come from low income homes. Pregnant teenagers from middle income parents represented 27.78 percent of the respondents while only 5.56 percent came from homes of high income parents. Cases of surgeries were reported among 19.44 percent of the male parents, and 22.22 percent of the female parents of the pregnant teenagers respectively, while only 5.56 percent of the respondents claimed to have undergone surgeries of some kind in their lifetime.

Table 4 revealed that nutrition related diseases have been suffered by most of the pregnant teenagers. For instance 51.67 percent affirmed that they suffered oodema during pregnancy while 38.89 percent opined that they have suffered from, or are currently suffering from diabetes. Similarly, 9.44 percent agreed to be suffering from jaundice.

Table 5 revealed that 50 percent of the pregnant teenagers on their 2<sup>nd</sup> pregnancy have had babies that weighed between 2.0 - 2.5 kg at birth. Also, 28.57 percent of the respondents had babies that weighed up to 3.00kg at birth while 21.43 percent had babies that weighed as much as 3.5-4.5kg. It therefore suggests that these pregnant teenagers had babies with variable birth weights. Furthermore, it was observed from the Table that 78.57 percent of the respondents had pre-term deliveries. While 50 percent opined that their babies looked weak and anaemic when delivered, another 85 percent agreed that their babies grow poorly. Only 1 percent of the teenagers among the second-pregnancy respondents representing 7.14 percent had had miscarriage in the past. None of them had had a still birth but 78.57 percent claimed to have gained weight as a result of their first deliveries.

## CONCLUSION

The study indicated that pregnant teenagers neither planned their meals, nor followed the meal guide of antenatal clinic counsellors. Rather most of them consumed whatsoever came their way, ate in-between meals, skipped meals where possible and consumed refined, processed foods and carbonated drinks.

Low birth weight, preterm deliveries and poor growth were reported on babies born to some pregnant teenagers while cases of pregnancy diabetes, and weight gain were equally observed on the pregnant teenagers.

## RECOMMENDATIONS.

One important legacy that parents bequeath to their teenage daughters is to bring them up to be sexually undefiled until the ripe age for marriage. According to Nuble (2005), and Everett (2009), teenage pregnancy can be prevented through open communication with the teenagers. They suggested that every teenager should have at least one adult in their lives that they can confide in and who is open to talking about sexuality, contraception, peer pressure as well as risk and responsibilities of possible pregnancy. Parents should moderate the hours spent on the illusive drive for wealth and spend more time with their children.

Teenagers should be taught about balanced diet during pregnancy and the consequences of contravening the directive to follow them.

**Table 2: Attitude of pregnant teenagers towards feeding during pregnancy.**

Questions	Ukwani		Aniocha		Ika South		Total	
	YES	NO	YES	NO	YES	NO	YES	NO
1 I eat snacks most of the time. %	35 77.78	10 22.22	48 78.69	13 21.31	52 70.27	22 29.73	135 75.00	45 25.00
2 I eat biscuit bones because they are good for my baby. %	30 66.67	15 33.33	40 65.57	21 34.43	28 37.84	46 62.16	98 54.44	82 45.56
3 My culture forbids pregnant women from eating snail and eggs. %	1 2.22	44 97.78	2 3.28	59 96.72	2 2.70	72 97.30	05 2.75	175 97.22
4 I skip meals to keep my shape %	25 56.56	20 44.44	18 29.51	43 70.49	14 18.92	60 81.08	57 31.67	123 68.33
5 I take vitamin supplements %	15 33.33	30 66.67	25 40.98	36 59.02	35 47.30	39 52.70	75 41.67	105 58.33
6 I eat whole vegetable soup regularly. %	10 22.22	35 77.78	20 32.79	41 67.21	30 40.54	44 59.46	120 66.67	60 33.37
7 I over-eat during pregnancy %	23 51.11	22 48.89	32 52.46	29 47.54	38 51.35	36 48.65	93 51.67	87 48.33
8 To relax, I drink:								
i) Alcohol %	2 4.44	43 95.56	4 6.56	57 93.44	4 5.40	70 94.60	10 5.56	170 94.44
ii) Soft drinks %	23 51.11	22 48.89	33 54.10	28 45.90	34 45.95	40 54.05	90 50.00	90 50.00
iii) Palm wine %	15 33.33	30 66.67	25 40.98	36 59.02	30 40.54	44 59.46	70 38.89	110 61.11
iv) None of the above %	3 6.67	42 93.33	4 6.56	57 93.44	3 4.05	71 95.95	10 5.56	170 94.44
9 When pregnant, I eat more of:								
i. Eba %	8 17.78	37 82.22	10 16.39	51 83.61	12 16.22	62 83.78	30 16.67	150 83.33
ii. Fufu/ 'Akpu' %	10 22.22	35 77.78	12 19.67	49 80.33	18 24.32	56 75.68	40 22.22	140 77.78
iii. Beans %	14 31.11	31 68.89	10 16.39	51 83.61	10 13.51	64 86.49	34 18.89	146 81.11
iv. Rice %	10 22.22	35 77.78	18 13.11	56 86.89	18 24.32	56 75.68	36 20.00	44 80.00
v. Snacks %	8 17.78	37 82.22	16 26.23	45 73.77	16 21.62	58 78.38	40 22.22	140 77.78
10 I smoke most of the time %	0 0.00	45 100	2 3.28	59 96.72	8 10.81	66 89.19	10 5.56	170 94.44

Table 3: Parental history of pregnant teenagers.

	Background Histories	Ukwani		Aniocha		Ika South		Total	
		YES	NO	YES	NO	YES	NO	YES	NO
I	Ricket runs through your family. %	5 11.11	40 88.89	15 24.59	46 75.41	10 13.51	64 86.49	30 16.67	150 83.33
Ii	Kwashiokor was once observed in your family. %	- 0.00	45 100.00	7 11.48	54 88.52	3 4.05	71 95.95	10 5.56	170 94.44
Iii	Marasmus is observed among your siblings %	2 4.44	43 95.56	13 21.31	48 78.69	5 6.76	69 93.24	20 11.11	160 88.89
Iv	Scurvy was equally noticed among your family members %	3 6.67	42 93.33	5 8.20	56 91.80	4 5.41	70 94.60	12 6.67	160 93.33
V	Your parents are obsessed %	8 17.78	37 82.22	14 22.95	47 77.05	18 24.32	56 75.68	40 22.22	140 77.78
Vi	You usually have oodema %	20 44.44	25 55.56	27 44.26	34 55.74	25 33.78	49 66.22	72 40.00	108 60.00
Vii	Diabetes mellitus is present in a) Your father % b) Your mother %	15 33.33 10 22.22	30 66.67 35 77.78	25 40.98 18 29.51	36 59.02 43 70.49	35 47.30 29 39.19	39 52.70 45 60.81	75 41.67 57 31.67	105 58.33 123 68.33
Viii	Your father's socio-economic status is a). Low income level/poor % b). Middle income level % c). High income level %	40 88.89 10 22.22 2 4.44	5 11.11 35 77.78 43 95.56	30 49.18 15 24.59 3 4.92	31 50.82 46 75.41 58 95.08	40 54.05 25 33.78 5 6.76	34 45.95 49 66.22 69 93.24	110 61.11 50 27.78 10 5.56	70 38.89 130 72.22 170 94.44
Ix	Surgery/operation had been performed on a). Your father % b). Your mother % c). Yourself %	7 15.56 5 11.11 3 6.67	38 84.44 40 88.89 42 93.33	16 26.23 18 29.51 4 6.56	45 73.77 43 70.49 57 93.44	12 16.22 17 22.97 3 4.05	62 83.78 57 77.03 71 95.95	35 19.44 40 22.22 10 5.56	145 80.56 140 77.78 170 94.44

**Table 4 : Pregnant teenagers and nutritionally related diseases.**

	QUESTIONS	Ukwani		Aniocha		Ika South		Total	
		YES	NO	YES	NO	YES	NO	YES	NO
	Pregnant teenagers that suffered from								
	i) Oodema	28	17	35	26	30	44	93	87
		62.22	37.78	57.38	42.62	40.54	59.46	51.67	48.33
	ii) Diabetes	12	33	24	37	34	40	70	110
		26.67	73.33	39.34	60.66	45.95	54.05	38.89	61.11
	iii) Jaundice	5	40	2	59	10	64	17	163
		11.11	88.89	3.28	96.72	13.51	86.49	9.44	90.56

**Table 5: Pregnancy conditions of teenagers on 2nd pregnancy**

	QUESTIONS	Ukwani		Aniocha		Ika South		Σ	
		YES	NO	YES	NO	YES	NO	YES	NO
1	My baby usually weigh between								
	i). 2.0 - 2.5kg	4	2	1	2	2	3	7	7
	%	66.67	33.33	33.33	66.67	40.00	60.00	50.00	50.00
	ii). 2.6 - 3.00kg	2	-	1	1	1	2	4	3
	%	33.33	-	33.33	33.33	20.00	40.00	28.57	21.43
	iii). 3.5 – 4.5kg	-	-	1	-	2	-	3	-
	%	-	-	33.33	-	40.00	-	21.43	-
2	My babies are delivered before the 9 <sup>th</sup> month	5	1	2	1	4	1	11	3
	%	83.33	16.67	66.67	33.33	80.00	20.00	78.57	21.43
3	My baby looks weak and anaemic when delivered	4	2	1	2	2	3	6	7
	%	60.00	40.00	33.33	66.67	40.00	60.00	50.00	50.00
4	My baby grow poorly	6	-	2	1	4	1	12	2
	%	100	0.00	66.67	33.33	80.00	20.00	85.71	14.29
5	I gain too much weight	5	1	3	-	3	2	11	3
	%	83.33	16.67	100	-	60.00	40.00	78.57	21.43
6	I have had miscarriage in the past.	-	6	-	3	1	4	1	13
	%	0.00	100	-	100.00	20.00	80.00	7.14	92.86
7	My first pregnancy was a still birth	-	6	-	3	-	5	-	14
	%	0.00	100	0.00	100.00	0.00	100	0.00	100.00
8	I usually have diabetes when pregnant	25	20	36	25	40	34	101	78
	%	55.56	44.44	59.02	40.98	54.05	45.95	11	43.89

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