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Economic Deprivation, Cultural Beliefs and Practices Impacts Nutrition among Pregnant Women in Dekina local Government of Kogi State, Nigeria.

MOMOH PEACE[1], KAKWAGH V. VENATUS[2], MOMOH I. JOSEPH[3], AUDU, MOHAMMED (PH.D)[4]

[1, 2]*Department of Sociology, Faculty of Social Sciences, Prince Abubakar Audu University, Anyigba. Kogi State, Nigeria.*

[3]*Department of Physiology, Faculty of Basic Medical Sciences, Prince Abubakar Audu University, Anyigba, Kogi State, Nigeria.*

[4]*Department of Sociology, Prince Abubakar Audu University, Anyigba.*

Abstract - This study explores the nutritional knowledge and practices of pregnant women in rural communities of Dekina Local Government Area (LGA), Kogi State, Nigeria. The research aims to determine the level of nutritional knowledge among these women, examine their attitudes towards proper nutrition, Additionally, the study analyzes how these nutritional practices impact maternal health. A descriptive survey design was adopted, involving a sample of 384 pregnant women attending antenatal care at various healthcare facilities across the three districts of Okura, Dekina, and Biraidu. Data were collected through a combination of self-administered questionnaires and in-depth interviews, with both quantitative and qualitative analyses employed. Findings revealed that while a significant number of respondents demonstrated basic nutritional knowledge, there were gaps in understanding the importance of certain micronutrients. Attitudes towards proper nutrition were generally positive, yet socio-economic challenges limited access to balanced diets, leading to suboptimal nutritional practices. The study concludes that improving access to nutritional education and resources is crucial for enhancing maternal health outcomes in rural areas. It recommends targeted nutrition programs, community-based interventions, and stronger healthcare support to address the identified challenges and improve maternal nutrition.

Key words: Nutritional knowledge, pregnant women, rural communities, attitudes, dietary practices.

I. BACKGROUND OF THE STUDY

Pregnancy is a significant period of a woman when major biological and emotional transformations occur, and the nutritional requirements of the body rise. Mothers are extremely exposed to malnutrition despite the fact that it is a natural process due to the increase in maternal tissues, fetus development, and calorie requirements (Sherifat & Habib, 2023). Proper nutrient intake therefore becomes essential for supporting healthy pregnancy outcomes.

However, eating habits are commonly underestimated, and the pregnancy period makes many pregnant women emphasize more on the satiety, rather than the nutritional value (Nana & Zema, 2018; Marshall *et al*., 2022).

Availability, purchasing power, market conditions, and cultural beliefs are some of the factors that influence food choices (Haghighian *et al*., 2023). As the importance of nutrition as a disease prevention tool has begun to increase, UNICEF (2021) notes that diets have become essential to prevent not just the occurrence of deficiency diseases, but also the chances of not only long-term conditions, such as diabetes, hypertension, and cardiovascular diseases.

Proper maternal dieting is closely associated with safer pregnancy, babies, and reduced chances of chronic and infectious diseases (WHO, 2021). Malnutrition makes one more susceptible to gestational anemia, miscarriages, preterm birth, low weight, and poor fetal growth (Belay *et al*., 2022; Marshall *et al*., 2022; Napier *et al*., 2019). Since the body requires macro- and micronutrients like iron, folic acid, zinc, iodine, and protein to promote fetal development, it becomes necessary to consume foods with high content of nutrition during pregnancy.

The knowledge of nutrition is important in influencing the dietary habits of women. Nutritional knowledge makes people capable of making proper food-related decisions and embrace healthier behaviors, and can also help determine the outcome of birth and health of the mother postpartum (Lassi *et al*., 2021; Marshall *et al*.,2022). As the fetus solely relies on the nutritional condition of the mother, the

lack of proper intake may cause complications, which are outlined by Danjuma and Ibrahim (2023). These concerns underscore the need to examine the nutritional knowledge and practices of pregnant women in rural communities of Dekina Local Government Area of Kogi State.

II. STATEMENT OF THE PROBLEM

Nutrition is essential in managing pregnancy complications such as iron deficiency, anemia, megaloblastic anemia and toxemia, all of which contribute to high morbidity and mortality among pregnant women (Marshall *et al*., 2022). Under-nourishment has become the primary cause of low birth weight in developing countries (Sharma *et al*., 2021), and even full-term infants are at risk of experiencing problems with low birth weight due to poor maternal nutrition (Danjuma and Ibrahim, 2023). Malnourished mothers are more prone to infections, miscarriages, and delivering underweight babies with poor survival chances, while inadequate weight gain increases the risk of small-for-gestational-age births, neonatal morbidity, poor growth, and impaired cognitive development (Marshall *et al*., 2021; Nobile, 2022; Girma *et al*., 2019).

Nigeria experiences maternal malnutrition which is caused by poverty, food insecurity, low educational attainment, and cultural food marginalization (Ugwa, 2016) also influenced by lifestyle factors and increased intake of processed food (Gherasim *et al*., 2020). It is estimated that approximately 30 percent of pregnant women in Nigeria are malnourished and this gives rise to increased cases of premeditated birth, child death, anemia, gestational diabetes, and high blood pressure. Although these consequences are well documented, most studies focus on urban areas, leaving little evidence on rural populations. This gap makes it necessary to assess the nutritional knowledge and practices of pregnant women in rural communities of Dekina Local Government Area of Kogi State.

Research Questions

The purpose of the study is on the nutritional knowledge and practices of pregnant women in rural communities of Dekina Local Government Area of Kogi State. Specifically, the research sought answers to the following research questions.

i. What is the traditional notion of nutritional knowledge of pregnant women in rural communities of Dekina Local Government area of Kogi State?
ii. What is the attitude of pregnant women towards proper nutritional practices
iii. What are the challenges to Nutritional practices during pregnancies?
iv. What are the consequences of nutritional knowledge and practices during pregnancies?

Conceptual Clarifications

Nutritional Knowledge of Pregnant Women

According to Ehwarieme *et al*. (2019), Nutritional Knowledge (NK) involves the understanding and application of healthy nutritional practices that enhances the well-being of the mother and the fetus. It encompasses the awareness and knowledge of the meaning of healthy nutrition to be consumed, the adequacy of the quantity and duration of consumption of such food nutrient and at a particular period of pregnancy. KN accesses the adequacy of consumption of all classes of food, awareness and practice of eating good food, understanding of the food pattern changes during pregnancy, knowledge of the compositions of healthy diet during pregnancy, timing for the need to improve diet during pregnancy.

Marshall *et al.* (2022) remarked that awareness of implications and consequences of maternal nutrition is important as it enhances the search for proper nutritional knowledge that prevents low birth weight and still birth. This is because maternal food intake can affect the fetus formation and pregnancy outcome. They maintained that the identification of the complete food group by pregnant women is a measure of their nutritional knowledge and such food that contain protein, vitamin, carbohydrate and minerals are very important during pregnancy. The identification and application of these implications of nutritional knowledge among women are rated as fair knowledge of healthy nutrition or poor knowledge of healthy nutrition.

Attitude of Pregnant Women towards Proper Nutritional Practices

Pregnancy requires sufficient energy and nutritional intake by women to meet maternal and fetal needs and other hormonal changes that occur during pregnancy. A good nutritional balance is essential to

ensure sufficient energy intake for proper development and growth of the fetus and well-being of the mother which will culminate into healthy birth, as well as voidance of complication during delivery (Chimezie & Akuma, 2022).

The survival of fetus and growth of infants and children is affected by attitude of the pregnant mother toward proper nutrition. Poor attitude to health and nutrition of women and the lack of self-care or poor attitude during pregnancy and childbirth could lead to compromising the child's health (Scalvedi *et al*., 2021). It is established that poor attitude towards proper nutrition or standard requirement for pregnant women has the most damaging effect on the fetal during pregnancy and in the first two years of life after birth, by impeding the child's health, brain development, intelligence, educability, and productivity at large and most times irreversible (Chimezie & Akuma, 2022). Chimezie and Akuma insisted that pregnant and lactating woman's food composition should include a substantial increase in calories, protein, calcium, folic acid, iodine and iron among others.

Studies have shown that women who showed poor attitude toward proper nutritional practices during pregnancy have the tendency of experiencing other physical changes (aside protruding stomach) such as overweight women, underweight women, women having a severe nutritional related illness (Scalvedi *et al*. (2021). Some of the manifestation of poor or negative attitude towards proper nutritional practice include the use of tobacco, consumption of alcohol or other non-prescriptive hard drugs (Edris *et al*., 2005).

Poor attitude toward nutrition practice also determine the occurrence of malnutrition. Malnutrition is a nutritional deficiency and can be transferred from mother to fetus during pregnancy. This highlighted the import of nutritional condition of pregnant women and further emphasizes the implication of poor attitude as it is considered to affect the wellbeing of women during antenatal care (Cetin & Laoreti, 2015). According to the World Health Organization (2021), not getting enough micronutrients in their food intake affect the nutritional status of pregnant women and consequently affect the fetus.

In conclusion, studies have discovered that poor attitudes of pregnant women regarding maternal nutrition is associated with poor nutritional knowledge (Chimezie & Akuma, 2022). Poor nutritional combining with poor nutritional knowledge is associated with poor nutritional practices and consequently malnutrition during pregnancy (Gebremichael & Lema, 2023).

Determinants of Proper Nutrition among Pregnant Women

Proper nutrition during pregnancy is shaped by several interconnected social, economic, and cultural factors. In sub-Saharan Africa, food insecurity and micronutrient deficiencies remain widespread, leaving pregnant women particularly vulnerable to "hidden hunger," a form of undernutrition that persists even when caloric intake is adequate (Black *et al*., 2013; Grebmer *et al*., 2018). These deficiencies contribute to anaemia, vitamin A deficiency, and poor pregnancy outcomes, with iron-deficiency anaemia alone accounting for a significant proportion of maternal deaths in developing countries (WHO, 2015).

i. Family Status

Maternal nutrition is significantly influenced by family size and household economic status. Greater food insecurity is more common in larger homes, which raises the possibility that mothers would eat less because they must prioritize feeding other family members (Sharma, 2021). Women from low-income households are especially at risk of undernutrition, as financial limitations restrict access to nutrient-rich foods and supplements.

ii. Educational Level

Education has a significant impact on nutritional understanding and dietary habits during pregnancy. Women with higher levels of formal education tend to have better access to nutritional information, comprehend dietary guidelines more clearly, and are more likely to consume varied diets (Mitra *et al*., 2012). Educated mothers are also more aware of the benefits of proper maternal nutrition before and during pregnancy, which supports healthier outcomes for both mother and child.

iii. Poverty

Poverty remains a significant obstacle to adequate nutrition in Nigeria. Although the country is considered food-secure on a national scale, many households cannot afford enough quantities of high-quality foods (Chakona and Shackleton, 2017). With millions of Nigerians living in poverty, financial

constraints frequently force families to compromise dietary quality, resulting in malnutrition among pregnant women and children.

iv. Cultural Beliefs and Practices

Cultural taboos and food limitations have a considerable impact on dietary choices during pregnancy. Many Nigerian communities/ tradition prevent pregnant women from consuming items such as eggs, milk, fish, and certain meats due to traditional fears about delivery results or child behavior (Ugwa, 2016; Arzoaquoi *et al*., 2015; Ekwochi *et al*., 2016). These practices limit access to protein-rich and micronutrient-dense foods essential for fetal development. At the same time, some cultures encourage the consumption of certain wild foods and plant sources believed to enhance maternal strength, ease delivery, or increase breastmilk production (Lockett & Grivetti, 2000; Towns & Van Andel, 2014).

Consequences of improper nutrition

Malnutrition in women, underweight, short stature, anemia and overweight, have serious consequences for women's health and well-being. Women who are underweight or overweight before pregnancy face additional risk factors when they become pregnant, such as gestational diabetes, hypertension, preeclampsia and caesarean section, as well as poor pregnancy and breastfeeding outcomes (Dean, *et al*., 2014). During pregnancy, gestational weight-gain less than or greater than guideline recommendations increases the risk of adverse maternal and infant outcomes (such as small-gestational-age: SGA) or large-for-gestational age births, preterm births, macrosomia and caesarean delivery) and may also lead to postnatal weight retention (Goldstein *et al*., 2017). Anaemia in pregnancy, much of which has nutritional causes, is associated with increased morbidity, mortality and adverse birth outcomes (Rahman *et al*. 2016).

Malnutrition in the period following childbirth presents its own unique risks for women. Women suffering from anaemia in the third trimester may continue to suffer from anaemia in the postnatal period, especially if they experience excessive blood loss during delivery and/or if they had multiple births (WHO, 2015). Breastfeeding also increases the need for increased dietary energy intake. In some cases, among women who are undernourished, maintaining breastmilk supply throughout the recommended breastfeeding period may come at the expense of a woman's nutritional reserves (Dror, *et al*., 2018).

The consequences of maternal malnutrition for newborns are equally serious (Christian, *et al*., 2015). Each year, about 20 million babies are born with low birthweight (LBW), an early form of malnutrition that is closely linked to the nutritional status of women before and during pregnancy (UNICEF 2019). Malnutrition before and during pregnancy can also contribute to stunting, wasting and micronutrient deficiencies in infants, putting them on a trajectory to potentially long-term negative consequences, ranging from impaired growth, development and learning readiness in early childhood, to chronic diseases in adulthood (Victoria, *et al*., 2021). Women suffering from underweight before pregnancy face a greater risk of preterm birth than women with a healthy weight (Dean, *et al*., 2014).

Similarly, women affected by overweight and obesity before and during pregnancy are at increased risk of poor pregnancy outcomes, while their children face a greater risk of overweight, obesity and cognitive development problems that may extend into adulthood (Poston, *et al*., 2016). Short stature in women is also associated with poor pregnancy outcomes, such as SGA (small-gestational-age) and preterm births, and is strongly correlated with stunting in children (Kim, *et al*., 2017). While short stature (<145 cm) carries the highest risk for women and children, other height categories (<155 cm) are also associated with increased risk of SGA (small-gestational-age) and preterm births (Kozuki *et al*., 2015). During pregnancy, deficiencies in essential vitamins and minerals, such as iodine, iron and calcium, are also linked to poor health outcomes, such as miscarriage, stillbirths, congenital defects, LBW, infant mortality, impaired cognitive development, and cardio-metabolic risks in adult life.

Theoretical Framework

The Theory of Reasoned Action by Ajzen and Fishbein, (2012), which explains that behavior is shaped by an individual's intentions, which are themselves influenced by personal attitudes and perceived social norms, serves as the theoretical basis for this study and helps to illustrate how pregnant women's nutritional practices reflect their beliefs and community expectations. Additionally, it is based on the Health Belief Model, which was created by Rosenstock and later developed by colleagues.

According to this model, people take health-related action when they believe the benefits of taking action outweigh the obstacles, believe they are susceptible to a condition, and consider it as severe. When taken as a whole, these theories offer a helpful foundation for comprehending how pregnant women in the research area's nutritional behavior is influenced by beliefs, norms, perceived risks, and perceived advantages

III. METHODOLOGY

The study adopts a descriptive survey research design which involved selecting rural communities with healthcare facilities within Biraidu, Dekina, and Okura districts in Dekina Local Government Area, Kogi State. A multi-stage sampling technique was adopted, involving the random selection of council wards, hospitals/clinics, and pregnant women attending antenatal care in the selected facilities. A sample size of 384 was drawn from the projected population of pregnant women 372,039 in the study area using Krejcie and Morgan's (1970) formula. Data were collected through structured questionnaires and in-depth interviews, capturing respondents' socio-demographic characteristics as well as their nutritional knowledge and practices. The questionnaires were validated through expert review and a pilot study, while reliability was confirmed using Cronbach's Alpha. Collected data were analyzed using descriptive statistical tools such as frequency distribution tables and percentages, with findings generalized to the study population. Indepth interview were coded and transcribed along with the data interpretation.

IV. DATA ANALYSIS AND INTERPRETATION

Socio-Demographic Characteristics of Respondents
Table 4.1 presents the socio-demographic characteristics of respondents.

Table 4.1: Percentage Distribution of the Respondents' Socio-Demographic Characteristics

Variable/Item	Category	Frequency (N=384)	Percentage (%)
Age in years	18-22years	33	8.60
	23-27 years	59	15.37
	28-32 years	149	38.80
	33-37 years	60	15.63
	38-42 years	44	11.46
	43-46 years	39	10.14
Marital Status	Single	38	9.90
	Married	294	76..56
	Separated	26	6.77
	Divorced	16	4.17
	Widowed	10	2.60
Duration of marriage	Less than 1year	59	15.37
	1-5years	101	26.30
	6-10years	112	28.17
	11-15years	62	16.15
	15years and above	50	13.02
Religious Affiliation	Christianity	193	50.26
	Islam	171	44.53
	African Traditional Religion	20	5.21
Ethnic Group	Igala	228	59.38
	Bassa	43	11.20
	Ebira	45	11.72

	Okun	30	7.81
	Others	38	9.90
Educational Qualification			
	No formal Education	35	9.12
	Primary	68	17.71
	Secondary	209	54.43
	Tertiary	70	18.23
Occupation	Farming	173	45.05
	Trading	51	13.28
	Civil service	28	9.90
	Self-employed	29	9.95
Pregnancy Status	1st Pregnancy	59	15.37
	2nd Pregnancy	149	38.80
	3rd Pregnancy	132	34.38
	4th pregnancy and above	44	11.46
Monthly household income	Less than ₦50,000	200	52.08
	₦50,000 - ₦100,000	66	17.19
	₦100,000 - ₦150,000	48	12.50
	₦150,000 and above	35	9.12

Source: Field Survey, (2025).

The socio-demographic characteristics of the respondents show that most pregnant women were young adults between 28–32 years (149; 38.80%), with a mean age of 32, and the majority were married (294; 76%), reflecting the community's value for marriage. Most had been married for 6–10 years (112; 28.17%), followed by 1–5 years (101; 26.30%). In terms of religion, 52.87% were Christians, 41.93% Muslims, and 5.21% practiced African Traditional Religion, while ethnically, the majority were Igala (228; 59.38%), followed by Ebira (45; 11.72%), Bassa (43; 11.20%), Okun (30; 7.81%), and others (38; 9.90%). Educationally, most had secondary education (209; 54.43%), with 70 (18.23%) attaining tertiary education, 68 (17.71%) primary, and 35 (9.12%) with no formal education. Occupation-wise, farming was predominant (173; 45.05%), followed by trading (51; 13.28%), self-employment (29; 9.95%), and civil service (28; 9.90%). Regarding parity, the majority were experiencing their second pregnancy (149; 38.80%), followed by the third pregnancy (132; 34.38%), while first pregnancies accounted for 59 (15.37%). Monthly household income was generally low, with most earning ₦100,000–₦150,000 (200; 52.08%), 66 (17.19%) earning ₦50,000–₦100,000, 48 (12.50%) earning less than ₦50,000, and 35 (9.12%) earning ₦150,000 and above, indicating that low income may affect dietary choices in the rural population.

Traditional Notion of Nutritional knowledge of pregnant women in Dekina LGA

This section presents the analysis of the nutritional knowledge of pregnant women in rural communities in Dekina Local Government.

Table 4.2: Percentage Distribution of Nutritional Knowledge of Pregnant Women in selected rural communities in Dekina Local Government area of Kogi State

Item	Category	Frequency (N=384)	Percentage (%)
Knowledge of nutrition during pregnancy?			
	Yes	265	69.01
	No	118	30.73

Which of the following is mostly known as a sign of malnutritionduring pregnancy?			
	Dizziness	91	23.70
	Paleness	201	52.34
	Shortage of blood	93	24.22

Source: Field Survey, 2025

Table 4.2 shows that most pregnant women in rural communities of Dekina LGA, Kogi State, are aware of nutrition during pregnancy, with 265 (69.01%) having heard about it, while 118 (30.73%) had not, indicating a relatively high level of awareness likely due to healthcare outreach or educational programs. The minority unaware may reflect individual ignorance rather than systemic gaps in antenatal counseling. Knowledge of malnutrition signs was varied, with paleness being most recognized (201; 52.34%), followed by blood shortage (93; 24.22%) and dizziness (91; 23.70%), highlighting differences in nutritional understanding across respondents and the need for continued educational efforts. A mother of five children in Okura district has this to say;

Malnutrition can be caused by so many reasons, but the most common one is food taboo. Most of us are forbidden from eating some foods such as groundnut, bread, butter simply because they believe it is not healthy for pregnant women and their unborn babies even when these foods are their favorite. The major sign of malnutrition that the respondent testified is dizziness.

Attitude of Pregnant Women towards Nutritional Practices

Table 4.4 presents attitude of pregnant women towards nutritional practices in rural communities in Dekina Local Government and reported in table 4.4 below.

Table 4.4: Distribution of Attitude of Pregnant Women towards Proper Nutritional Practices

Item	Category	Frequency (N=384)	Percentage (%)
Do you have positive attitude on the following?			
Awareness of the importance of healthy diet			
	Yes	106	26.60
	No	278	72.40
Desire for healthy food choices			
	Yes	223	58.07
	No	97	25.26
	I don't know	64	16.67
Increased intake of specific nutrients such as consumption of fruits vegetables during pregnancy			
	Yes	223	58.07
	No	161	41.93
Food aversion that lead to low drive to seek information about nutrition during pregnancy			
	Yes	276	71.88
	No	108	25.26
Refusal to consistently follow recommended dietary practice			
	Yes	295	76.82
	No	89	23.18
Low motivation to have access to nutritious food			
	Yes	296	77.08

	No	88	22.92
Low motivation to overcome socio-economic factors that can influence from maintaining healthy dietary practices			
	Yes	287	74.74
	No	97	25.26

Source: Field Survey, 2025

The study revealed that a majority of pregnant women (278; 72.40%) were not aware of the importance of a healthy diet, with only 106 (26.60%) indicating awareness. While 223 (58%) expressed a positive attitude towards desiring healthy food choices, 97 (25.26%) did not, and 64 (16.67%) were unsure. Similarly, 223 (58.07%) reported increased intake of nutrient-rich foods like fruits and vegetables, whereas 161 (41.93%) did not. Food aversion affecting the drive to seek nutritional information was reported by 276 (71.88%), with 108 (25.26%) unaffected. A large proportion demonstrated negative attitudes towards consistently following recommended dietary practices (295; 76.82%) and low motivation to access nutritious food (296; 77.08%). Additionally, most respondents (287; 74.74%) showed low motivation to overcome socio-economic factors that could hinder maintaining healthy dietary practices, highlighting significant gaps in attitude and motivation towards proper nutrition during pregnancy. A mother of four children in Dekina district has this to say;

I just felt it is important to eat to my satisfaction during pregnancy, but I do not think all my meals must containall the essential nutrients, considering the socioeconomic status of my family.

Barriers to nutritional practices during Pregnancy

Table 4.6: Frequency Distribution of Barriers to nutritional practices during Pregnancy

Items	Options	Frequency (N=384)	Percentage (%)
What do you think is the major cause of malnutrition in pregnancy?			
	Ignorance	99	25.78
	Poverty	153	39.84
	Food taboo	60	15.63
	Lack of appetite	72	18.75

Source: Field Survey, 2025

Table 4.6 has shown that the most reported barriers to nutritional practices were poverty153 (39.84%), followed by ignorance (99 or 25.78%). Seventy-two (18.75%) maintained that lack of appetite is another barrier to nutritional practice among the pregnant women. Sixty (15.63%) identified food taboo. This result emphasizes the socioeconomic constraints that rural pregnant women face, where access to sufficient and nutritious food is limited by financial hardship.

To buttress this point, a discussant in Biraidu District had this to say:

Money is a major barrier to nutritional practice. Considering the economic condition of this country, if there is no money definitely my unborn child and I will be malnourished because I cannot afford food that are beneficial to both of us..

Consequences of Non-Nutritional Practices during Pregnancy

Table 4.7: Frequency Distribution of consequences of Non-nutritional Practices during Pregnancy

Rate the following consequences of Non-nutritional Practices during Pregnancy	Category	Frequency (N=384)	Percentage (%)
Stunted growth and underweight			
	Yes	269	70.05

	No	115	29.95
Increased risk of infection i.e., malnutrition weakens immune system			
	Yes	292	76.04
	No	92	23.96
Developmental delay, that is, nutritional deficiency can impair cognitive and physical development in children			
	Yes	288	75.00
	No	96	25.00
Slowed recovery	Yes	290	76.02
	No	94	23.98
Reduced productivity			
	Yes	220	57.29
	No	164	42.71
Obesity			
	Yes	257	66.93
	No	98	25.52
	I don't know	29	7.55
Sleep disorder			
	Yes	221	57.30
	No	163	42.70

Source: Field Survey, 2025

Table 4.7 presents frequency distribution of the consequences of non-nutritional practices during pregnancy. The study revealed that 269 or 70.05% agreed that Non-nutritional Practices during Pregnancy causes stunted growth and underweight while on the contrary were 115 or 29.95%.Also, 292 or 76.04% reported in affirmative "Yes" that Non-nutritional practices during pregnancy causes risk of infection, 92 or 23.96%) said "No". Further question as to whether non-nutritional practices during pregnancy caused developmental delay, that is, nutritional deficiency can impair cognitive and physical development in children, majority of the respondents (288 or 75.00%) said yes while 96 or 25.00% said no. On whether on-nutritional practices during pregnancy caused slowed recovery, 290 or 76.02 said yes while 94 or 23.98% said no. Other consequences of non-nutritional practice are reduced productivity (220 or 57.29%) as yes and 164 or 42.71% as no; obesity (257 or 66.93%) and sleep disorder (221 or 57.30%).

V. CONCLUSION

The study concludes that socio-demographic factors such as education, income, and cultural norms profoundly influence the antenatal care practices and nutritional behaviors of pregnant women in rural communities. Women with higher educational levels are better equipped to adopt healthy nutritional practices, but this advantage is limited by persistent economic and social inequalities. Economic deprivation, as well as cultural beliefs and practices, particularly food taboos, significantly contribute to malnutrition among pregnant women. While some healthcare centers provide effective nutritional education that translates into positive health outcomes, others reflect a gap between knowledge and practice, exacerbated by financial and structural barriers.

The study also highlights the prevalence of malnutrition symptoms like anemia and dizziness, underscoring the urgent need to address these health issues in rural healthcare facilities. Furthermore, the research shows that despite awareness of the importance of nutrition during pregnancy, economic and cultural factors often prevent women from applying this knowledge to their daily lives.

VI. RECOMMENDATIONS

Based on the research findings, the followings are recommended.

i. Enhanced Educational Outreach: Comprehensive, culturally sensitive educational programs should be implemented to improve nutritional knowledge among pregnant women, especially in rural areas.
ii. Economic Support and Nutritional Assistance: Governments and NGOs should provide food assistance, subsidies for nutrient-rich foods, and free supplements like iron and folic acid to help pregnant women overcome economic barriers to proper nutrition.
iii. Cultural Sensitivity in Healthcare Delivery: Healthcare providers should be trained to respect and understand cultural and social dynamics to deliver effective, culturally appropriate nutritional counseling to pregnant women.
iv. Poverty Alleviation Programs: Long-term poverty reduction through job creation, formal employment access, and economic empowerment initiatives can directly improve nutritional outcomes for pregnant women.
v. Community Engagement and Awareness Campaigns: Local communities should be engaged in awareness programs that address food taboos and misconceptions to promote proper nutrition during pregnancy.

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