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The Role of Home Economists in Prevention of Diseases in Nigeria in the 21st Century: A Case Study of Onitsha North Local Government Area

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Abstract

The paper looked at the role of Home Economists in nutrition and prevention of diseases in families in Onitsha North L.G.A. The purpose of the study was to find out the ideal roles of Home Economists in families, problems family members encounter due to malnutrition in families and the nutrition improvement strategies by the Home Economists in Nigeria in the 21st century. The population of the study was made up of 65 Home Economics teachers in Secondary Schools in Onitsha North L.G.A. The sample of the study was 50 Home Economics teachers randomly selected from the area of the study. Structured questionnaire was used for data analysis. The findings of the study include; twelve ideal roles of Home Economists in families, twelve problems of malnutrition in families and ten nutrition improvement strategies by Home Economists. Conclusion and some recommendations were made.

Nutrition is the study of how food nutrients function in the body. It is an integral part of health care as it keeps cells functioning. The knowledge of nutrition empowers on good feeding in order to maintain good health. Adequate nutrition is the intake and utilization of enough energy and nutrients, together with disease control, to maintain well being, health and productivity (WHO, UNICEF 1990). It is the bedrock of healthy living and remains the ‘number one’ drug for the sick and well. It has been documented that the most visible evidence of good nutrition is taller, stronger, healthier children who learn more in school and become productive. Disease and inadequate dietary intake are the immediate causes of malnutrition in most individuals. Nutrition plays a very important role in the prevention of diseases. Infectious diseases caused by bacteria, fungi, virus and parasites tend to be more prevalent among the malnourished

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population and this also has a negative impact on the nutritional status of both children and adults.

A child with low nutrition is likely to die more from infectious disease than a well nourished child. So, like a malnourished pregnant woman is more liable to die faster following complications than a well nourished one. The co-existence of malnutrition and infection results in an interaction that has more serious implication for the host than the additive effect would if the two worked independently. Infections worsen malnutrition and poor nutrition increases the severity of infectious diseases. Adequate nutrition strengthens body's immunity (Okoli, 2009).

Malnutrition impairs body's immunity and the body is predisposed to the infections. Infection cause high nutrient need and thus affect the nutritional status, especially if food intake is inadequate. Recovery from infection depends upon restoration of high quality protein diets. In children; malnutrition causes low body weight, depression and infectious diseases such as measles, whooping cough and diarrhea.

Integration nutrition in health services improves both nutrition and health status of people. This nutrition intervention should be at prenatal, delivery care, postpartum care for mothers, infants welfare clinic and immunization contacts.

Nutrition activities are done at the community levels in order to bring nutrition information with practical demonstrations at the door steps of rural dwellers. The health care professionals are much able to render these services to the health care consumers. The populace needs empowerment to reduce poverty which affects peoples' ability to have good nutrition. Good public health policies must be established and practiced effectively to improve nutrition of the people. This will be conducive to all other social and economic development. Nutrition is the most key to attain millennium development goals in Nigeria in the 21st century.

Food is one of the basic human needs. Maslow (1970) identified food among other basic needs under physiological needs of air, food, love, security and shelter. In the hierarchy of human needs, food is essential, basic and also a right for human existence. Pope John Paul (1992) challenged that people would never be deprived of food and reiterated "we shall struggle to have an adequate three meals daily". Malnutrition is a human right violation in Pope's own opinion.

Ene-Obong (2001) defined food as any substance, liquid or solid which when consumed is capable of performing one or more of the following functions:

- a) Provide the body with energy for work
- b) Provide materials for growth, repair and maintenance as well as for production.

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- c) Protect the body against diseases.
- d) Regulate body processes.

In the context of this study, Home Economists will use nutrition education acquired to improve families' nutrition and prevent diseases.

Reflections on Education in Nigeria in the 21st century, that is Nigeria being one of the twentieth World Food producing nations etc. Home Economists must make conscious efforts at meeting their families' nutritional needs. This will go a long way in eliminating the prejudices against the women. Hence, the need for the study to find out the role of home Economists on nutrition and prevention of diseases in families in Onitsha North L.G.A.

Purpose of the Study

The study was designed to investigate the roles of Home Economists in nutrition and prevention of diseases in families in Onitsha L.G.A. specifically; the study is to identify the followings:

- 1. The ideal roles of Home Economists.
- 2. The problems family members suffer due to inadequate nutrition in families.
- 3. Improvement in nutrition strategies by Home Economists in families.

Research Questions

This study sought answers to the following research questions:

- 1. What are the ideal roles of Home Economists?
- 2. What are the problems family members suffer due to inadequate nutrition in families?
- 3. What are the strategies for improving nutrition by Home Economists in families?

Methodology

The study employed a survey research design method. The area of the study is Onitsha North L.G.A. The areas involved are: Inland town, GRA, Housing Estate, Ogbomanu, Woliwo, Otu-Onitsha, Awada, Omogba phases1 &2. They are highly populated areas with a lot of companies, markets, schools, business centers and hospitals.

Population for the Study

The population for the study was made up of 65 Home Economics teachers living in this local government area.

Sample for the Study

Purposive random sampling technique was employed to determine the sample for the study. Five Home Economics teachers who teach in different secondary schools in Onitsha were randomly selected from each of the ten areas which comprised Onitsha North Local Government Area. This yielded a total of fifty Home Economics teachers used for the study.

Instrument for Data Collection

Structured questionnaire was used for the study. The questionnaire was divided into four sections. The respondents expressed their opinions on a four points scale: Strongly Agree, Agree, Disagree, Strongly Disagree. The instrument was face validated by two Home Economics Lecturers' from Federal College of Education (T) Asaba. Their comments and suggestions on the questionnaire items were incorporated into the final copy of the instrument.

Data Collection Technique

Distribution and collection of the instrument were by hand. Out of 65 copies of the questionnaire distributed 50 were retrieved from the respondents. This represents 77 percent return rate.

Data Analysis Techniques

Mean scores were used for answering research questions. A mean of below 2.50 was considered unacceptable response while above is acceptable.

Findings

The following findings were made:

Twelve ideal roles of Home Economist in families.

Twelve problems of malnutrition in families

Ten improvement strategies

Table 1: Mean Responses on the Ideal Roles of Home Economists in Families

S/N	Ideal roles of Home Economists in families.	Mean	Remark
1.	Eating adequate diet	3.46	
2.	Wise food selection/choice	3.34	Accepted
3	Keeping food hygiene	3.26	Accepted
4	Proper food preservation	3.26	Accepted
5	Keeping Personal Hygiene	3.26	Accepted
6	Teaching Nutrition Education	3.16	Accepted

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7	Improving behavioural change of food consumers	3.26	Accepted
8	Diet Therapy	3.16	Accepted
9	Reducing food fads and misconception	2.84	Accepted
10	Care for Children's needs	3.24	Accepted
11	Augment family's income	2.70	Accepted
12	Satisfy Professional Roles	2.94	Accepted

Data in table 1 shows that all the items listed above are the ideal roles of Home Economists in families. All the items were accepted ranging from 2.70 to 3.46 and met with the cutoff point of 2.50 and above. The major role of Home Economists in their homes is to make sure that they eat adequate meals and it has the highest mean score of 3.46. The least role here is augmenting family's income and it had 2.70.

Table 2: Mean Responses of Problems Family Members Suffer Due To Malnutrition in Families

S/N	problems of Malnutrition in Families	Mean	Remark
1.	Malnutrition impairs body's immunity predisposes to infection	3.20	Accepted
2.	Obesity	3.20	Accepted
3.	Diabetes Mellitus	3.02	Accepted
4.	Old people are fed poorly	2.98	Accepted
5.	Anaemia	3.10	Accepted
6.	Cancers	2.76	Accepted
7.	Night Blindness	2.84	Accepted
8.	Protein energy malnutrition (PEM)	3.04	Accepted
9.	Goiter	3.16	Accepted
10.	Rickets	3.16	Accepted
11.	Cardiovascular diseases	3.02	Accepted
12.	Poor feeding practices of women and children	2.88	Accepted

Data in table 2 shows that the respondents agreed with all the problems identified with the means above the cutoff point of 2.50 and above. The means ranged from 3.20 to 2.84 and met with cutoff point of 2.50 and above.

Table 3: Mean Responses on Nutrition Improvement Strategies by Home Economists in Families

S/N	Nutritional Improvement Strategies	Mean	Remark
1.	Create time to prepare families' meals.	3.80	Accepted
2.	Nutrition Education and advocacy	3.50	Accepted
3.	Adopt healthy eating habits	3.64	Accepted
4.	Nutrition Education and information technology	3.30	Accepted
5.	Food Fortification	3.30	Accepted
6.	Adopt special feeding needs	3.28	Accepted
7.	Family food Security	3.30	Accepted
8.	Adequate meal planning in families	3.22	Accepted
9.	Proper food hygiene	3.32	Accepted
10.	People living with HIV/AIDS should know foods that will help them stay well.	3.56	Accepted

Data in table 3 shows that all the respondents agreed with all the strategies identified with their means above the cutoff point of 2.50 and above.

Discussions

The findings of this study on the ideal roles of Home Economists revealed the ideal roles of Home Economists in nutrition and prevention of diseases in their families in Onitsha North L.G.A. All the roles were agreed to by them, eating adequate diet had the highest mean score of 3.46. This is in line with Ene-Obong (2001) that health is wealth, adequate nutrition is important to maintain good health in families. Families should eat adequate diet composed of available food items like cereals, tubers, legumes, fruits, vegetables, milk, fish, meat etc. Home Economists augmenting family's income had the least mean score of 2.70 This confirms the work of Nwankwo (2005) which states that women work to supplement family income, to be self-supporting and to be part of the national force. Didomenico (1981) pointed out that Home Economists work to make use of their education and training, to satisfy personal needs, to care for their families, husbands and children. To reflect on education in Nigeria in the 21st century in terms of nutrition and prevention of diseases, there is need to inculcate good food habits in individuals and families in both urban and rural Local Government areas in Nigeria.. The study revealed that knowledge of food and nutrition facilitates the selection of an adequate diet. Unfortunately there is widespread ignorance of nutritional and health benefits of our locally available foods, leading to faulty food choices and habits.

The result of the findings on the problems of malnutrition in families revealed that the respondents agreed to the twelve items identified as shown in table 2. Table 2

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shows that all the respondents stated that malnutrition among family members impairs body's immunity and predisposes the body to infections. 3.02 attributed obesity in families due to problems of malnutrition, 2.84 of family members have night blindness, 3.16 of the family members encounter problems of goiter. 3.16 family members problem is rickets. 3.04 of children suffer from protein energy malnutrition (PEM). This is in consonance with the observations of Ene-Obong (2001) that proper nutrition entails that the nutrients supplied by food must be eaten in adequate quantity and quality in order to ensure the maintenance of good health. Inadequate nutrient intake will result in malnutrition and associated nutritional disorders. Malnutrition could be as result of under nutrition or over nutrition. Under nutrition according to Uzoka and Ukwue (2008) is the consumption of insufficient amount of food nutrients for the body need. This can result in nutritional problems such as Protein Energy Malnutrition (PEM), Anaemia, Goiter, Rickets, Night blindness and various vitamins and mineral deficiency syndromes. Over nutrition on the other hand refers to the consumption of excessive amount of one or more nutrients. This condition can lead to Obesity, Hypervitaminosis A, Degenerative diseases like cancers, diabetes mellitus, cardiovascular diseases etc. Malnutrition influences infection and the causes and outcome of disease. The mechanism by which nutrition affects health is very complex. Inadequate dietary intake can cause weight loss or failure of growth in children, lowered nutritional reserves, lowered immunity and mucosal damage.

The result of the findings on the nutritional improvement strategies in families revealed that the respondents agreed to the ten items identified as shown in table three. The study revealed that creating time in preparing families' meals had the highest mean score of 3.08. Ene-Obong (2001) observed that Time constraint is a serious problem among housewives who work long hours outside the home. They lack time to prepare nutritious meals for the members of their households. The consequence of this is poor intake of adequate meals among household members, particularly young children. Workers and children who need to trek long distances to work and school often leave home without food because of lack of time to prepare and consume nutritious food. This leads to the dependence on snacks, which may not actually meet nutritional requirements. Nutrition Education and Advocacy had 3.50. This confirms the findings made by Okeke and Nnabuchi (2000) that many people suffer today from nutrition related illnesses because they do not have enough information about nutrition. Nutrition education is therefore one of the major preventive measures for nutritional disorders. It is important for everyone, particularly those responsible for planning meals or feeding their families.

Nutrition Education by American Dietetic Association (1986) is a process by which people are assisted in making decisions about eating. It can be planned learning

experience that is directed towards creating awareness on good feeding habit of the populace in order to achieve good health status through nutrition. This education can include food production and purchasing to provide household food security, preparation, handling, preservation and consumption. Its ultimate goals are to improve the recipients' nutritional status or other aspects of their nutritional well-being through both knowledge and behavior change skills. FAO (1997) reported that the goal of nutrition education is to change specific dietary behaviours which contribute to poor health of the public. The aim of education with regards to food is to enable the rural people in particular to understand the importance of locally available foods which will provide them with all the useful nutrients for a better, healthier and longer life. Professional nutrition educators design, implement and evaluate programmes to help understand healthful food consumption practices and gain skills to develop and maintain positive food and nutrition behavior and nutritional status (Anderson, 1994). Okoli (2009) stated that nutrition education provides an opportunity to help consumers especially mothers learn about food and food sources of nutrients, nutrients required at various age periods, the benefits of eating adequately and finally economical purchasing and better preparation of foods. The study revealed that nutrition education is the panacea strategy for solving malnutrition problems in urban and rural Local Government areas in Nigeria.

Conclusion

The following conclusions were drawn based on the findings of the study. Education in Nigeria in the 21st century demands that both parents should work to be able to meet the needs of the family. Home Economists lives should influence their families' life in the area of protection, preservation and health promotion. Food is the basic and the fundamental responsibility to use food correctly to achieve positive health and prevent premature death. Good nutrition is the bedrock of healthy living and remains the number one drug for the sick and well. Wise food choices made throughout adulthood can support a person's ability to meet physical, emotional and mental challenges and enjoy freedom from diseases as the person becomes elderly.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. The Home Economists should carry out nutrition education and advocacy to sensitize families in rural and urban local government areas through mass media, schools, hospitals, infant-antenatal, post natal clinics and wards, market squares, churches and homes using posters, real food items in teaching nutrition to people.
2. The Nigerian programmes of nutrition educators should improve the nutritional knowledge, attitudes and practice of the Nigerian health professionals and the populace with particular emphasis on:

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- a. Breastfeeding promotions and support.
- b. Nutrition activities in health care delivery system.
- c. Prevention and control of special and non-specific diet-related diseases.
- d. Nutritional value of foods, effects of processing on nutrients, food safety and hygiene.

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