Maternal Obesity in Nigeria: An Exploratory Study

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Abstract: Background: Obesity is a worldwide epidemic with major health and economic consequences. Pregnancy is a trigger point for the development of obesity, and maternal obesity is associated with significant adverse effects in the mother and child. Nigeria is experiencing a double burden of under- and over-nutrition with rising levels of obesity particularly in women. However, there is scarcity of data on maternal obesity in Nigeria and other African countries. Aims and Objectives: This project aimed at identifying crucial components of potential interventions for maternal obesity in Nigeria. The objectives were to assess the prevalence, effects, and distribution of maternal obesity; knowledge, attitude and practice (KAP) of pregnant women and maternal healthcare providers; and identify existing interventions for maternal obesity in Nigeria. Methodology: A systematic review and meta-analysis were initially conducted to appraise the existing literature on maternal obesity in Africa. Following this, a quantitative questionnaire survey of the KAP of pregnant women and a qualitative interview study of the KAP of Health Care Workers (HCW) were conducted in seven secondary and tertiary hospitals across Nigeria. Quantitative data was analysed using SPSS statistical software, while thematic analysis was conducted for qualitative data. Results: Twenty-nine studies included in the systematic review showed significant prevalence, socio-demographic associations, and adverse effects of maternal obesity on labour, maternal, and child outcomes in Africa. The questionnaire survey of 435 mothers revealed a maternal obesity prevalence of 17.9% among mothers who registered for antenatal care in the first trimester. The mothers received nutrition information from different sources and had insufficient knowledge of their own weight category or recommended Gestational Weight Gain (GWG), causes, complications, and safe ways to manage maternal obesity. However, majority of the mothers were of the opinion that excess GWG is avoided in pregnancy and some practiced weight management (diet and exercise) during pregnancy. For the qualitative study, four main themes were identified: 'Concerns about obesity in pregnancy', 'Barriers to care for obese pregnant women', 'Practice of care for obese pregnant women', and 'Improving care for obese pregnant women'. HCW expressed concerns about rising levels of maternal obesity, lack of guidelines for the management of obese pregnant women and worries about unintended consequences of antenatal interventions. 'Barriers' included lack of contact with obese women before pregnancy, late registration for antenatal care, and perceived maternal barriers such as socio-cultural beliefs of mothers and poverty. 'Practice' included anticipatory care and screening for possible complications, general nutrition education during antenatal care and interdisciplinary care for mothers with complications. HCW offered suggestions on improving care for obese women including timing, type, and settings of interventions; and the need for involvement of other stake holders in caring for obese pregnant women. Conclusions: Culturally adaptable/sensitive interventions should be developed for the management of obese pregnant women in Africa. Education and training of mothers and health care workers, and provision of quidelines are some of the components of potential interventions in Nigeria.

Keywords: Africa, maternal, obesity, pregnancy

Conference Title: ICOWM 2016: International Conference on Obesity and Weight Management

Conference Location: Paris, France Conference Dates: December 29-30, 2016