



## Socio-Economic Characteristics of Pregnant and Lactating Women Attending Consultations at the Garkawa Integrated Health Center in the Tahoua District.

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### ABSTRACT

**Introduction:** The World Health Organization (WHO) defines health as not just the absence of disease but a complete state of physical, mental, and social well-being. Nutrition plays a vital role in achieving this holistic well-being, particularly during pregnancy and lactation, which can bring both joy and uncertainty. Despite metabolic adjustments, deficiencies during this period can adversely affect both mother and child. Thus, tailored diets are crucial for pregnant and lactating women. However, studies indicate prevalent nutritional deficiencies among this demographic, notably in developing countries like Niger where these deficiencies, including iron and vitamin A deficiency and energy deficits, affect many women of childbearing age.

**Objectives:** Recognizing the significant impact of diet on the health of pregnant and lactating women, our study focused on the socio-economic characteristics of such women attending consultations at the Garkawa Integrated Health Center in the Tahoua Commune health district.

**Materials and Method:** This cross-sectional descriptive study evaluated the socio-economic characteristics of pregnant and lactating women attending consultations during the study period. Inclusion criteria comprised pregnant women attending antenatal care consultations and consenting to participate, along with lactating women attending consultations with infants and agreeing to participate. Unwell pregnant women and lactating women were excluded.

**Results:** Our findings revealed that a considerable proportion of pregnant women (22%) and lactating women (42%) were aged between 20 and 24 years. This aligns with Niger's age pyramid, indicating a youthful population with high fertility and mortality rates. Marriage at a young age is common in Niger, contributing to these statistics. While all pregnant women were married, 94% of lactating women were married, reflecting societal norms. Most surveyed women were housewives, emphasizing their role in household and family health. Traders were prevalent among husbands, indicating income-generating activities to support family nutrition and health.

**Conclusion :** While our results provide insights into the socio-economic characteristics of pregnant and lactating women in the study area, further research is warranted to address nutritional deficiencies and enhance maternal and child health outcomes.

**Keywords:** Pregnant, Lactating, Tahoua

### Introduction

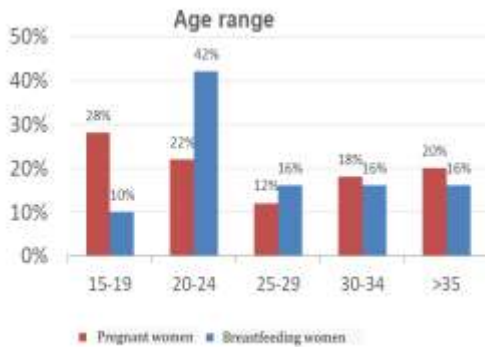
According to the World Health Organization (WHO), "health is not merely the absence of disease and infirmity but a state of complete physical, mental, and social well-being." Nutrition plays a significant role in achieving this state of well-being. Pregnancy can be a wonderful experience worldwide, but it is also a period of uncertainty. The changes it brings about raise concerns for most women. Despite numerous metabolic adjustments, certain deficiencies or excesses can be harmful to both the mother and/or the child. Hence, it is important for women to have a diet tailored to the specificity of their needs during pregnancy and breastfeeding. However, studies show that pregnant and lactating women suffer from several nutritional deficiencies [1]. In Niger, these deficiencies affect a significant number of women of childbearing age, including pregnant and lactating women. Demographic and health surveys demonstrate that iron deficiency, vitamin A deficiency, and energy deficiencies (based on anthropometric measurements) are highly prevalent among these women [2]. Given the magnitude of the nutritional status of pregnant and lactating women, which is influenced by their diet and its consequences in developing countries, we have focused on this theme. Thus, in the present study, we aimed to highlight the socio-economic characteristics of pregnant and lactating women attending the Garkawa Integrated Health Center in the Tahoua Commune health district.

**Materials and Methods**

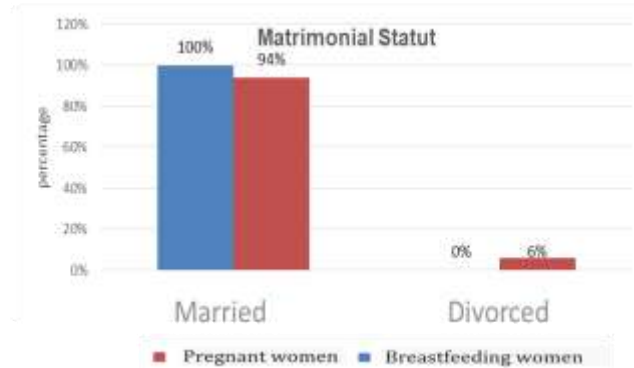
This study is a cross-sectional descriptive investigation aimed at evaluating Socio-economic characteristics of pregnant and lactating women attending consultations at the Garkawa Integrated Health Center within the Tahoua commune health district. The study population comprises pregnant and lactating women attending consultations during the designated study period at the Garkawa Integrated Health Center. Inclusion criteria encompass all pregnant women presenting for antenatal care consultations who consent to participate in our interview during the study period, as well as all lactating women attending consultations with infants who agree to participate in our interview. Pregnant women who are unwell and lactating women are excluded from the study.

**Results**

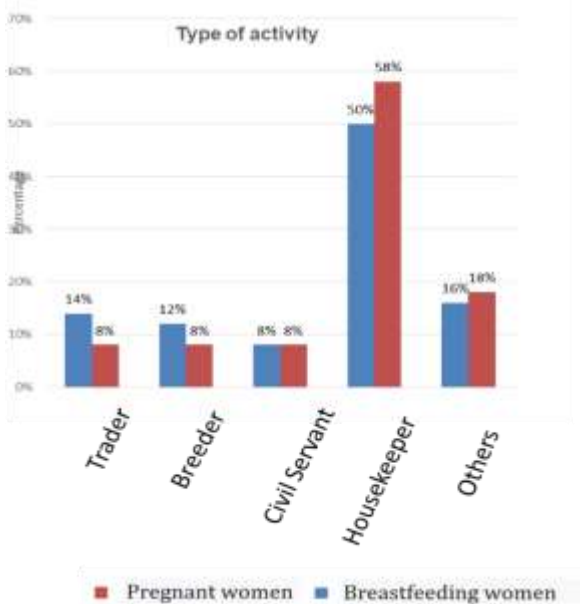
The aim of our study was identified the socio-economic Characteristics of Pregnant and Lactating Women. **Figure 1** shows that among pregnant women, those aged between 15 and 19 are the most numerous (28%) and lactating women aged between 20 and 24 years are the most numerous (42%) . All pregnant women are married, while 94% of lactating women are married (**Figure 2**). No pregnant women are divorced, whereas 6% of lactating women who were married are divorced (**Figure 3**). Half of pregnant women and 58% of lactating women are housewives (**Figure 4**). Traders are the most numerous, accounting for 44% of pregnant women and 36% of lactating women. Most women have attended Quranic school (58% of lactating women and 46% of pregnant women) (**Figure 5**).



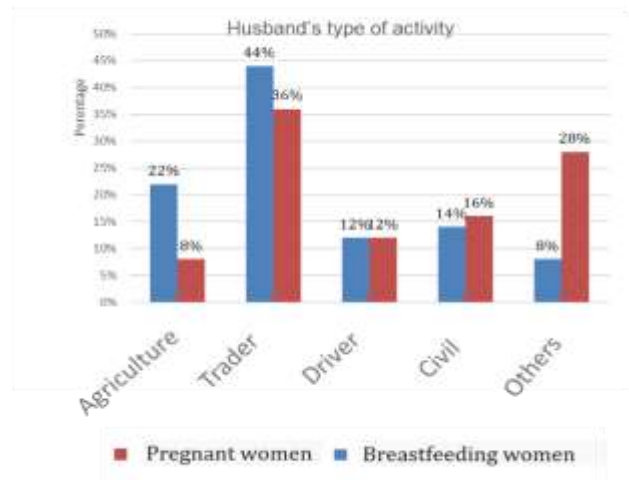
**Figure 1: Distribution of pregnant and lactating women by age.**



**Figure 2: Distribution of pregnant and lactating women by marital status.**



**Figure 3: Distribution of pregnant and lactating women by husband's activity.**



**Figure 4: Distribution of pregnant and lactating women by their income-generating activity.**

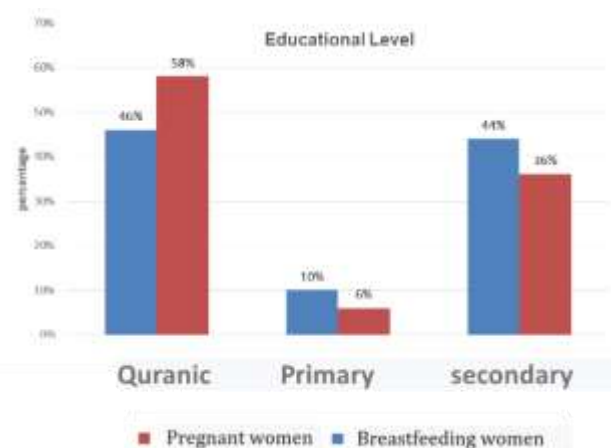


Figure 5: Distribution of pregnant and breastfeeding women according to educational level

## Discussion

The results of our study showed that 22% of pregnant women and 42% of lactating women are aged between 20 and 24 years. This is confirmed by the shape of Niger's age pyramid, which presents a broad base narrowing rapidly as one moves towards older ages, evidence of the youthfulness of this population. This age pyramid shape is also characteristic of populations with high fertility and high mortality rates. This rate can be explained by the fact that in Africa in general and particularly in Niger, marriages are often early among girls, sometimes leading to serious health problems [4]. However, our results are lower than those of **Maliki Rabo**, who reported that 29.30% of surveyed women are aged between 20 and 24 years in his 2011 study on "the issue of female migration in Niger: case of the rural commune of Tsaouni" [23]. All pregnant women and the majority of lactating women (94%) are married. These results are higher than those of **Maliki Rabo**, who reported a proportion of 89% of married women in his 2011 study on "the issue of female migration in Niger: case of the rural commune of Tsaouni" [23]. This is linked to the fact that Niger is predominantly Muslim, and marriage holds a central place in society. According to our study, the majority of surveyed women are housewives, with 58% of lactating women and 50% of pregnant women falling into this category. This indicates that these women can take care of themselves to ensure their food and nutritional security as well as their health. Trade occupies an important place in society and helps to solve their problems. Our results differ from those of **Idi, H**, who found in a study titled "availability and consumption of iron-rich foods among women: the case of the village of **Dan-Tchandou in 2011**" that in rural areas, 96% of women are confined to household chores [25]. Half of the surveyed women received Quranic instruction, with 46% of pregnant women and 58% of lactating women falling into this category. Our results differ from those of **Chaibou Malam H**, who reported that 78% of women have no educational level in his study on "effects of women's nutrition and nutritional status on the newborn's nutritional status in Aguié in 2011" [25]. Our study showed that many of the husbands of surveyed women are traders, accounting for 44% of pregnant women and 36% of lactating women. These results show that overall, the husbands of both pregnant and lactating women have income-generating activities that can contribute to ensuring the nutrition and health of their family, particularly women.

## Conclusion:

In conclusion, our study sheds light on the socio-economic characteristics of pregnant and lactating women attending consultations at the Garkawa Integrated Health Center in the Tahoua Commune health district. Despite the joys of pregnancy and motherhood, these periods also bring uncertainties and challenges, particularly concerning nutritional well-being. Our findings underscore the importance of tailored diets for pregnant and lactating women to ensure optimal health outcomes for both mother and child. The prevalence of nutritional deficiencies among pregnant and lactating women in Niger, as highlighted in our study, emphasizes the urgent need for targeted interventions to address these issues. Efforts should focus on improving access to nutritious foods, promoting education on healthy eating habits, and providing support for women during pregnancy and lactation. Furthermore, our study reveals the significant influence of socio-economic factors on maternal and child health. Early marriage, household roles, and the occupation of husbands all play crucial roles in shaping the nutritional status and well-being of pregnant and lactating women and their families. Moving forward, collaborative efforts involving healthcare providers, policymakers, and community stakeholders are essential to implement effective strategies aimed at improving the nutritional status and overall health outcomes of pregnant and lactating women in Niger. By addressing socio-economic disparities and nutritional deficiencies, we can work towards achieving the WHO's vision of health as a state of complete physical, mental, and social well-being for all individuals, including pregnant and lactating women and their children.

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