



“A Study To Assess The Knowledge And Expressed Practice Regarding Postnatal Diet Among Postnatal Mother’s At Umaid Hospital Jodhpur”.

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Abstract

Background:

After pregnancy, a mother’s body undergoes a tremendous number of changes and stress. Recovering from birth requires patience and support through a postnatal diet. A solid focus should be on regaining health and curing postnatal complications through right diet and healthy behaviours.

Nowadays after the birth of the baby during the postnatal period mothers are faced with many problems regarding health, infections, and dietary deficiency especially in women low socioeconomic status and mostly those who are from rural do not know what is important in postnatal diet and benefits of proper diet.

Methods:

A descriptive quantitative study was conducted on postnatal mothers who admitted in postnatal wards. Data was collected through self-administered structured questionnaire. Convenience sampling was used. 160 total postnatal mothers were selected. Descriptive and inferential statics was used for data analysis.

Results:

75% mothers belong to 21-30 age group, 62.5% mothers belong to Hindu religion, 56.3% had Senior Secondary education, 85.6% mothers are housewife, 50% mothers were primipara, 50% had non veg, 29.4% had monthly income less than 10000, 67.5% mothers had previous knowledge about postnatal diet.

39.4% had inadequate knowledge, 48.8% had moderately adequate knowledge, 11.9% had adequate knowledge. The mean score is 11.37% and standard deviation score 3.553.

51.2% had poor expressed practice, 46.9% had average expressed practice, 1.9% had good expressed practice. The mean score is 13.96 and the standard deviation is 6.689.

Chi – square test was most suitable for finding relationship between knowledge and expressed practice of sample and selected demographic variable. In this no association found between knowledge & selected demographic such as age, religion, type of family, obstetrical history, dietary pattern, monthly family income, area of living, so null hypothesis accepted. A significant association found between knowledge with selected demographic variable such as education, occupation, knowledge about postnatal diet at 0.05 level of significance. So null hypothesis was partially rejected and partially accepted.

Conclusion:

In this study no association was found between expressed practice & selected demographic such as age, religion, education, occupation, type of family, obstetrical history, dietary pattern, monthly family income, or area of living, so the null hypothesis was accepted. A significant association was found between the knowledge about postnatal diet at 0.05 level of significance.

This study shows that postnatal mothers have moderately adequate knowledge and expressed practice regarding postnatal diet.

Key Words

Assess, Knowledge, Expressed practice of postnatal mothers, postnatal diet.

1.Introduction

“To describe my mother would be to write about a hurricane in its perfect power. Or the climbing, falling colors of a rainbow.” – Maya Angelou

The postpartum period, also known as puerperium, begins after the expulsion of the placenta and continues until the various systems of the female body physiologically recover completely. The postpartum period can be divided into three arbitrary stages. That is, the acute stage - the first 24 hours after the delivery of the placenta, the initial stage - up to 7 days, the late stage - up to 6 weeks to 6 months. Each stage has its own clinical applications and challenges. (1)

The word puerperium is derived from the Latin word puer, child + parus. Currently, it is defined as the time after birth for the anatomical and physiological changes of the mother caused by pregnancy to return to the non-pregnant state. Although far less complicated than pregnancy, there are significant changes during the postpartum period, some of which may be uncomfortable or worrisome for new mothers. Kanotra et al (2007) analyzed the challenges faced by women between 2 and 9 months postpartum. A third of these new mothers felt a need for social support and 25% were concerned about breastfeeding.(2)

The birth of a new life can be very emotional as well as very overwhelming. But at this stage of life, diet and exercise, mother and baby care play an important role. Eating a healthy and balanced diet should be the mother's focus rather than weight loss or exercise. Most mothers want to lose pregnancy weight during this period. So they follow extreme diets that can be harmful to both mother and child. Exercise also helps burn belly fat to keep you in shape. Lactating mothers can consume large amounts of water because it causes the production of breast milk and helps to lose weight.(3)

Women in the Western world who give birth in hospitals can be discharged as soon as possible if they are medically stable and want to do so. The average normal labor is 1-2 days, but you can be discharged from the hospital a few hours after giving birth. Cesarean section is 3-4 days. During this period, the mother is monitored for abnormal postpartum bleeding, infections, normal organ function, immunity, new-born care, or immunizations.

For every 20 calories of milk produced, the mother must consume an additional 30 calories. During this period, mothers need 500-1000 extra calories. Inappropriately, many women do not consume adequate amounts of minerals, iron, vitamins, etc.(4)

"Breastfeeding diet" affects the quality and quantity of breast milk and therefore should focus on maintaining nutrient reserves. This diet reaches its peak during breastfeeding. Therefore, your diet should be balanced. It is important to lose weight gained during pregnancy slowly. Combining a healthy and balanced diet with moderate physical activity makes this possible.(5)

Many mothers report that they become extremely thirsty while feeding their babies. Water, cow's milk, coconut water, fruit juice and buttermilk are enough to meet the above needs. If the mother does not consume enough fluids, the amount of her milk may decrease.(5)

In India, postpartum care is based on ancient Ayurveda. Ayurveda is a holistic system of alternative medicine that began 5,000 years ago. The first 6 weeks of postpartum care in the life of a new mother is another time for mental and physical rejuvenation with simple exercises to combat depression, indigestion and insomnia.

Today, many countries face a double or even triple burden of malnutrition, which is associated with stunted growth, wasting, lack of micronutrients, and overweight children.

From pregnancy to childhood to adolescence, poor diet is the root cause of all forms of malnutrition. Other conditions and factors undermine families' access to nutritious, safe and affordable food.(6)

2. Conceptual framework

The concept underlying the original health belief model is that health behavior is determined by personal beliefs or perceptions about postpartum diet and available strategies to reduce its incidence (Hochbaum, 1958).

The "health belief model" of Rosenstock (1974) and Becker and Millman (1975) can be accepted in the present study. In this study, the health belief model helps to improve postpartum diet knowledge and expressed practices in postpartum mothers, which includes elements such as possibility.

3. Materials and Methods

A descriptive quantitative study was conducted at postnatal wards. Ethical clearance from the institution ethical committee obtained. Data was collected through self administered structured questionnaire. Convenience sampling technique used. 160 postnatal mothers selected those fulfil the criteria inclusive and exclusion. Inferential and descriptive statistics used for data analysis.

Table 1: Frequency and percentages of distribution of socio - demographic variables of samples.

N=160

| S. N. | Name of variables | Frequency | Percentage (%) |
|-------|----------------------------|-----------|----------------|
| 1 | Age | | |
| | 18-20 | 20 | 12.5 |
| | 21-30 | 120 | 75.0 |
| | 30-40 | 15 | 9.4 |
| | Up to 45 years | 5 | 3.1 |
| 2 | Religion | | |
| | Hindu | 100 | 62.5 |
| | Muslim | 60 | 37.5 |
| | Christian | 0 | 0 |
| | Sikh | 0 | 0 |
| 3 | Education | | |
| | Primary | 20 | 12.5 |
| | Senior Secondary | 90 | 56.3 |
| | Graduation | 48 | 30.0 |
| | Ph.D. | 2 | 1.3 |
| 4 | Occupation | | |
| | Housewife | 137 | 85.6 |
| | Govt. Job | 3 | 1.9 |
| | Labour | 20 | 12.5 |
| | Business | 0 | 0 |
| 5 | Type of family | | |
| | Joint Family | 110 | 68.8 |
| | Nuclear Family | 40 | 25.0 |
| | Extended Family | 10 | 6.3 |
| | Single parent family | 0 | 0 |
| 6 | Obstetrical history | | |
| | Primipara | 80 | 50.0 |
| | Multipara | 60 | 37.5 |
| | Grand multipara | 15 | 9.4 |

| | | | |
|------|--|-----|------|
| | Elderly grand para | 5 | 3.1 |
| 7 | Dietary Pattern | | |
| | Vegetarian | 78 | 48.8 |
| | Non- vegetarian | 80 | 50.0 |
| | Vegan | 2 | 1.3 |
| | Lacto-vegetarianism | | |
| 8 | Monthly Family Income | | |
| | ≤10000/- month | 47 | 29.4 |
| | 10001- 20000/- month | 50 | 31.3 |
| | 20,001- 30000/- month | 38 | 23.8 |
| | ≥30000/- month | 25 | 15.6 |
| 9 | Area of Living | | |
| | Rural | 96 | 60.0 |
| | Urban | 37 | 23.1 |
| | Slum | 22 | 13.8 |
| | Semi Urban | 5 | 3.1 |
| 10 A | Do you know about postnatal diet | | |
| | Yes | 52 | 32.5 |
| | No | 108 | 67.5 |
| 10 B | If yes, the Source of Information | | |
| | Mass Media | 0 | 0 |
| | Family | 52 | 100 |
| | Health Worker | 0 | 0 |
| | Friends | 0 | 0 |

Table 2: Chi Square value showing association between the knowledge regarding post-natal diet among the postnatal mothers and with the selected demographic variables in terms of Age, Religion, Education, Occupation, Type of family, Obstetrical history, Dietary pattern, Monthly Family Income, Area of living, knowledge about postnatal diet

| S. N. | Name of variables | Inadequate Knowledge | Moderate Knowledge | Adequate Knowledge | Chi Square | df | “p” value |
|-------|----------------------------|----------------------|--------------------|--------------------|------------|----|---------------------|
| 1 | Age | | | | 6.367 | 6 | 0.383 ^{NS} |
| | 18-20 | 6 | 9 | 5 | | | |
| | 21-30 | 49 | 59 | 12 | | | |
| | 30-40 | 7 | 6 | 2 | | | |
| | Up to 45 years | 1 | 4 | 0 | | | |
| 2 | Religion | | | | 5.523 | 2 | 0.063 ^{NS} |
| | Hindu | 33 | 52 | 15 | | | |
| | Muslim | 30 | 26 | 4 | | | |
| | Christian | 0 | 0 | 0 | | | |
| | Sikh | 0 | 0 | 0 | | | |
| 3 | Education | | | | 101.930 | 6 | 0.001* |
| | Primary | 20 | 0 | 0 | | | |
| | Senior Secondary | 43 | 47 | 0 | | | |
| | Graduation | 0 | 31 | 17 | | | |
| | Ph.D. | 0 | 0 | 2 | | | |
| 4 | Occupation | | | | 12.411 | 4 | 0.015* |
| | Housewife | 52 | 71 | 14 | | | |
| | Govt. Job | 0 | 1 | 2 | | | |
| | Labour | 11 | 6 | 3 | | | |
| | Business | 0 | 0 | 0 | | | |
| 5 | Type of family | | | | 0.912 | 4 | 0.923 ^{NS} |
| | Joint Family | 44 | 54 | 12 | | | |
| | Nuclear Family | 16 | 19 | 5 | | | |
| | Extended Family | 3 | 5 | 2 | | | |
| | Single parent family | 0 | 0 | 0 | | | |
| 6 | Obstetrical history | | | | 4.874 | 6 | 0.560 ^{NS} |
| | Primipara | 34 | 37 | 9 | | | |
| | Multipara | 20 | 31 | 9 | | | |

| | | | | | | | |
|----|---|----|----|----|--------|---|---------------------|
| | Grand multipara | 8 | 6 | 1 | | | |
| | Elderly grand para | 1 | 4 | 0 | | | |
| 7 | Dietary Pattern | | | | 5.226 | 4 | 0.265 ^{NS} |
| | Vegetarian | 34 | 34 | 10 | | | |
| | Non- vegetarian | 27 | 44 | 9 | | | |
| | Vegan | 2 | 0 | 0 | | | |
| | Lacto-vegetarianism | 0 | 0 | 0 | | | |
| 8 | Monthly Family Income | | | | 8.494 | 6 | 0.204 ^{NS} |
| | ≤10000/- month | 20 | 21 | 6 | | | |
| | 10001- 20000/- month | 26 | 21 | 3 | | | |
| | 20,001- 30000/- month | 10 | 22 | 6 | | | |
| | ≥30000/- month | 7 | 14 | 4 | | | |
| 9 | Area of Living | | | | 1.633 | 6 | 0.950 ^{NS} |
| | Rural | 40 | 45 | 11 | | | |
| | Urban | 13 | 20 | 4 | | | |
| | Slum | 9 | 10 | 3 | | | |
| | Semi Urban | 1 | 3 | 1 | | | |
| 10 | Do you know about postnatal diet | | | | 73.215 | 2 | 0.001* |
| A | Yes | 0 | 33 | 19 | | | |
| | No | 63 | 45 | 0 | | | |

Table 3:Chi Square value showing association between the expressed practice regarding post- natal diet among the postnatal mothers and with the selected demographic variables in terms of Age, Religion, Education, Occupation, Type of family, Obstetrical history, Dietary pattern, Monthly Family Income, Area of living, knowledge about postnatal diet

| S. N. | Name of variables | Poor practice | average practice | Good practice | Chi Square | df | “p” value |
|-------|-----------------------|---------------|------------------|---------------|------------|----|---------------------|
| 1 | Age | | | | 2.153 | 6 | 0.905 ^{NS} |
| | 18-20 | 9 | 10 | 1 | | | |
| | 21-30 | 61 | 57 | 2 | | | |
| | 30-40 | 9 | 6 | 0 | | | |
| | Up to 45 years | 3 | 2 | 0 | | | |
| 2 | Religion | | | | 3.523 | 2 | 0.172 ^{NS} |
| | Hindu | 47 | 52 | 1 | | | |
| | Muslim | 35 | 23 | 2 | | | |
| | Christian | 0 | 0 | 0 | | | |
| | Sikh | 0 | 0 | 0 | | | |
| 3 | Education | | | | 7.910 | 6 | 0.245 ^{NS} |
| | Primary | 14 | 6 | 0 | | | |
| | Senior Secondary | 46 | 43 | 1 | | | |
| | Graduation | 20 | 26 | 2 | | | |
| | Ph.D. | 2 | 0 | 0 | | | |
| 4 | Occupation | | | | 1.226 | 4 | 0.874 ^{NS} |
| | Housewife | 71 | 63 | 3 | | | |
| | Govt. Job | 2 | 1 | 0 | | | |
| | Labour | 9 | 11 | 0 | | | |
| | Business | 0 | 0 | 0 | | | |
| 5 | Type of family | | | | 0.325 | 4 | 0.988 ^{NS} |
| | Joint Family | 57 | 51 | 2 | | | |
| | Nuclear Family | 20 | 19 | 1 | | | |
| | Extended Family | 5 | 5 | 0 | | | |

| | | | | | | | |
|----|---|----|----|---|--------|---|---------------------|
| | Single parent family | 0 | 0 | 0 | | | |
| 6 | Obstetrical history | | | | 3.181 | 6 | 0.786 ^{NS} |
| | Primipara | 38 | 40 | 2 | | | |
| | Multipara | 35 | 24 | 1 | | | |
| | Grand multipara | 6 | 9 | 0 | | | |
| | Elderly grand para | 3 | 2 | 0 | | | |
| 7 | Dietary Pattern | | | | 0.584 | 4 | 0.965 ^{NS} |
| | Vegetarian | 41 | 35 | 2 | | | |
| | Non- vegetarian | 40 | 39 | 1 | | | |
| | Vegan | 1 | 1 | 0 | | | |
| | Lacto-vegetarianism | 0 | 0 | 0 | | | |
| 8 | Monthly Family Income | | | | 4.728 | 6 | 0.579 ^{NS} |
| | ≤10000/- month | 23 | 22 | 2 | | | |
| | 10001- 20000/- month | 23 | 27 | 0 | | | |
| | 20,001- 30000/- month | 22 | 15 | 1 | | | |
| | ≥30000/- month | 14 | 11 | 0 | | | |
| 9 | Area of Living | | | | 5.264 | 6 | 0.510 ^{NS} |
| | Rural | 48 | 47 | 1 | | | |
| | Urban | 23 | 13 | 1 | | | |
| | Slum | 8 | 13 | 1 | | | |
| | Semi Urban | 3 | 2 | 0 | | | |
| 10 | Do you know about postnatal diet | | | | 13.058 | 2 | 0.001* |
| | Yes | 18 | 31 | 3 | | | |
| | No | 64 | 44 | 0 | | | |

Table 4: Co – relation between knowledge and expressed practice regarding postnatal diet among postnatal mothers

N = 160

| No. | Variables | Maximum Score | Respondents | | Pearson's "r" |
|-----|--------------------|---------------|-------------|--------------------|---------------------|
| | | | Mean | Standard Deviation | |
| 1. | Knowledge | 16 | 11.37 | 3.553 | 0.112 ^{NS} |
| 2. | Expressed Practice | 10 | 13.96 | 6.589 | |

* significant

NS = Non significant

Results

After detailed analysis this study came to the following conclusions-

For assessment of knowledge and expressed practice score mean, median and standard deviation was used.

39.4% had inadequate knowledge, 48.8% had moderately adequate knowledge, 11.9% had adequate knowledge. The mean score is 11.37% and standard deviation score 3.553.

51.2% had poor expressed practice, 46.9% had average expressed practice, 1.9% had good expressed practice. Mean score is 13.96 and standard deviation 6.689.

Chi – square test was most suitable for finding relationship between knowledge and expressed practice of sample and selected demographic variable. In this no association found between knowledge & selected demographic such as age, religion, type of family, obstetrical history, dietary pattern, monthly family income, area of living, so null hypothesis accepted. A significant association found between knowledge with selected demographic variable such as education, occupation, knowledge about postnatal diet at 0.05 level of significance. So null hypothesis was partially rejected and partially accepted.

In this study no association found between expressed practice & selected demographic such as age, religion, education, occupation, type of family, obstetrical history, dietary pattern, monthly family income, area of living, so null hypothesis accepted. A significant association found between the knowledge about postnatal diet at 0.05 level of significance.

This study shows that the postnatal mothers having moderately adequate knowledge and expressed practice regarding postnatal diet.

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