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"A STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING ANTENATAL **DIET AMONG ANTENATAL WOMEN** VISITING CHC CHARNARTHAL KALAN, **FATEHGARH SAHIB PUNJAB."**

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ABSTRACT

BACKGROUND

The knowledge of pregnant women regarding antenatal care and their compliance to itis of paramount importance in preventing maternal and infant mortality rate and morbidity. The main objective of the present study was to assess the knowledge and attitude of antenatal women regarding antenatal diet Methods : Quantitative research approach was used in this study and descriptive research design was employed for assessing the knowledge and attitude.

Data collection: Samples were selected by using convenient sampling technique and sample size for the current study was 100 antenatal women. Data was collected with the help of structured knowledge questionnaire and rating scales. Collected data was analyzed by means of descriptive and inferential statistics.

Result: The study results revealed that 30 paticipants had adequate knowledge related to antenatal care whereas 20 participants had moderate knowledge and 50 samples had inadequate knowledge related to antenatal care. Chi- square test results revealed that there was no significant association between knowledge and selected demographic variables of antenatal mothers.

Interpretation and Conclusion: The study findings revealed that pregnant women had inadequate knowledge regarding antenatal care.

Key points: Assess Knowledge, Attitude, Antenatal Diet and Antenatal Women.

INTRODUCTION

Antenatal care (ANC) is one of the crucial factors in ensuring healthy outcomes in women and newborns. Nutrition education and counselling not only is an integral part of ANC but also it influences maternal and child health outcomes. Malnutrition in pregnancy not only effects newborn but also impairs the mother's health. Antenatal care (ANC) is one of the crucial factors in ensuring healthy outcomes in women and new- born"s.¹

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Women need calories during pregnancy to build up her tissues, to built fat stores, to make breast milk and for growth of placenta and fetus. During first 6th months of pregnancy, most of the extra food is needed to build up the mother's tissue and storing fat.²

Antenatal education programs provide women with essential knowledge and skills in various aspects of maternal and fetal health. Antenatal education is based on improving women's health, reducing the risks of complications and enhancing couples' positive experience during childbirth^{.3}

Only small amount is needed for the growth of fetus. During the last three month of pregnancy, more extra food is needed for the growing and to build the baby to store fat, iron and vitamin A.³

Pregnancy is highly demanding period for nutrition. This period is taking care of the Additional intake of nutrition food results in weight gain of 10-12 kg during

pregnancy. Fibre rich foods like whole grains pulses and water should be taken to avoid constipation.⁴

Nutrition during pregnancy has a major impact on the outcome of pregnancy and accredited as an important determinant for a healthy and successful pregnancy including the life-long health of future generation. Though nutrition is the intake of food necessary for optimal health, several studies have revealed that inadequate maternal nutrition could lead to malnutrition which causes poor pregnancy outcomes, such as fetal growth failure, low birth weight, preterm birth, prenatal and infant mortality and morbidity. ⁵

On the contrary, excessive nutrition intake during pregnancy can lead to complications such as preeclampsia, gestational diabetes, macrosomia, dystocia, and higher prevalence of cesarean section.⁶

When the pregnant woman"s diet does not meet required nutrients for her and fetus, the fetal requirements are met by withdrawing these from the tissues of the pregnant mother. This further weakens the mother and increases the probability of serious life-threatening complications and increases susceptibility of low birth weight infant who will not be able to feed appropriately during the early stages of life.⁷

An underweight mother has 30% higher risk of delivering a LBW baby than her well-nourished counterpart. The availability and access to ANC are very changeable across India with the key determinants being place of residence (urban/rural), socioeconomic, and several other cultural factors.⁸

Therefore, this study was planned with following objectives:

OBJECTIVES

1. To assess the knowledge regarding antenatal diet among antenatal women visiting community health center.

2. To assess the attitude regarding antenatal diet among antenatal women visting selected community health center.

3. To correlate knowledge and attitude regarding antenatal diet among antenatal women.

4. To find out association between level of knowledge regarding antenatal diet among antenatal women and their demographic variables.

5. To find out association between level of attitude regarding antenatal diet among antenatal women and their demographic variables.

MATERIAL AND METHODS-

RESEARCH APPROACH: Quantitative research approach

RESEARCH DESIGN: descriptive research design.

TARGET POPULATION: In this study the target population was antenatal women visited at community health centre. The accessible population for this was pregnant women who had fulfilled the inclusion criteria.

SAMPLING TECHNIQUE: Convenient sampling technique

SAMPLE SIZE: Total sample were 100.

SETTING: The study was conducted at CHC Charnarthal kalan, district fatehgarh sahib . The average number of pregnant women everyday is around 15-20.

INCLUSION CRITERIA:

• Antenatal women who will be visiting the community healthcare centres in charnarthal kalan.

- Antenatal women who will be interested in participating in the study
- Antenatal women who will be in the first and second trimester of pregnancy
- Antenatal women who can speak Punjabi and hindi.

EXCLUSION CRITERIA:

- Antenatal women who will not have interest to participate in the study
 - Antenatal mothers who will not be available during data collection period

RESULTS:

Table – 1. Distribution of subjects according to their selected demographic variables inexperimental group.

n= 100

S. No.	SOCIO DEMOGRAPHIC PROFORMA		Frequency	Frequency
			(f)	(%)
	Age	Less than 18years	37	37%
		19-30 Years	33	33%
		31-45 years	30	30%
2	Type of living	Rural	20	20%
		Urban	80	80%
3	Type of diet	Vegetarian	83	83%
		Non-vegetarian	17	17%
4	occupation	Housewife	72	72%
		job employee	28	28%
5	Family income	5000-15000	58	58%
		15000-30000	42	42%

The above table shows that out of 100 pregnant women, 37 (37%) were in age group of less than 18 years, 33(33%) were in age group of 19-30 years, 30(30%) were in age group of 31- 45 years and 80(80%) were living in urban area and 20(20%) were have resident of rural area, and 17(17%) women were non-vegetarian, 83% were vegetarian, 72% were housewife and 28% were job employee and 58% had income between 5000-15000 and 42% had family income 15,000 to 30,000 per month.

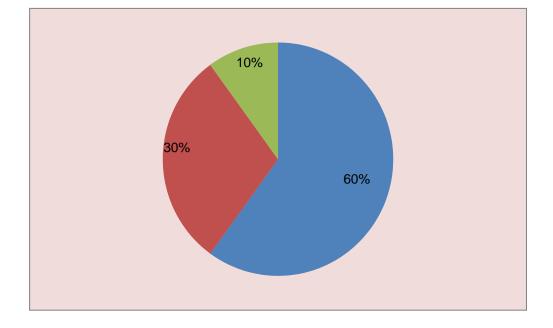


Figure no 1.1: Pie diagram showing the distribution of samples according to knowledge level.

The Pie diagram shows that pregnant women had 50% inadequate knowledge regarding antenatal diet, 20% had moderate knowledge and 30% had adequate knowledge.



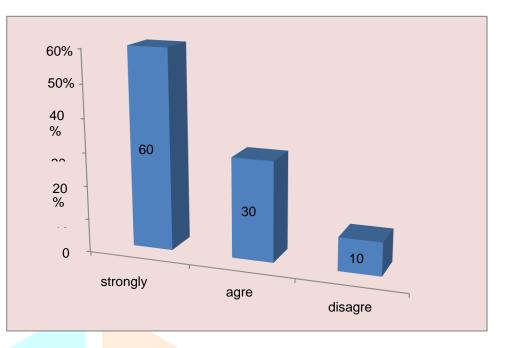
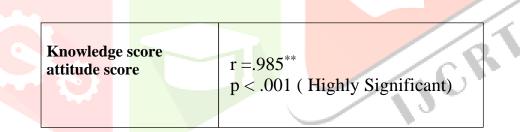


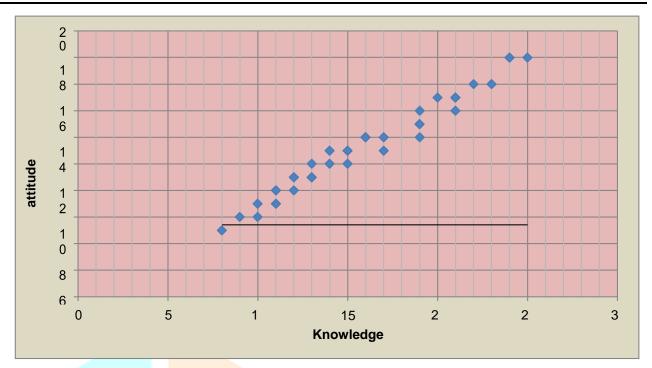
Figure no: 1.2 Bar diagram showing the distribution of subjects according to attitude scale.

Out of 100 samples 60 % were strongly agree, 30 % were agree and 10 % were disagree towards attitude of antenatal care.

<u>correlation between knowledge and attitude score</u>



Correlation is significant at the 0.001 level (2-tailed)



It is evident from above table that there is a significant correlation between knowledge and attitude score of samples.

DISCUSSIONS:

The findings of the present study were supported by Tenaw Z, Arega M and Tachbele E⁹ (2018) the objective of this study was to assess nutritional knowledge, attitude and practices among pregnant women who attend antenatal care at public hospitals of Addis Ababa, Ethiopia. An institution based crosssectional study was conducted to collect relevant data of 322 pregnant women, who attended antenatal care service in selected public hospitals in Addis Ababa, Ethiopia from April to May, 2015. Simple random sampling procedure was used to select the public hospitals and systematic sampling techniques were used to select pregnant mothers by using hospital's registration lists. Data were coded and entered to computer using Epi data version 3.1 and exported to statistical package for social sciences (SPSS) program version 21.0 for further analysis. Multivariable logistic regression analyses were used to identify independent predictors of knowledge, attitude and practices of pregnant women regarding nutrition. The study revealed that of the 322 pregnant women surveyed 87 (27%), 156(48.4%) and 111(34.5%) of them had knowledge, favourable attitude and good practices of nutrition during pregnancy respectively. There was a positive significant association between educational status of women (AOR=3.047, 95%CI (1.046) to 8.873)), family income (AOR=3.093, 95% CI (1.076 to 8.890)), attitude (AOR=4.4, 95% CI (2.315 to 8.299), number of pregnancies (AOR=2.175, 95% CI (1.034 to 4.573)) and nutrition knowledge during pregnancy.

In the present study, there was no significant association between mean score with their socio demographic variables [at p<0.05 level] of significance.

CONCLUSION

The purpose of the study was to assess the knowledge and attitude towards antenatal diet at selected community health center. The pregnant women had inadequate knowledge towards antenatal diet.

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