KNOWLEDGE AND PRACTICE ON MATERNAL NUTRITION AMONG PRIMIGRAVIDA AND MULTIGRAVIDA MOTHERS WITH A VIEW TO DEVELOP AN INFORMATION BOOKLET IN A SELECTED PHCs/CHCs OF KAMRUP ASSAM: A COMPARATIVE STUDY

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ABSTRACT:

BACKGROUND:

The most crucial time for women to be well-nourished is during pregnancy period. During pregnancy, the added nutrient demands of fetal growth and development must be met in order to ensure optimal birth and growth outcomes. A suboptimal maternal diet and inadequate gestational weight gain during pregnancy increases the risk for adverse health outcomes for both mother and child.

There are certain complications during pregnancy like pre-eclampsia, gestational diabetes, anemia, stillbirth, low birth weight, muscle wasting and developmental delays for children. Adequate maternal nutrition helps to support the healthy growth and development of the fetus.

Inadequate maternal nutrition, on the other hand, leads to poor pregnancy outcomes, such as low birth weight and preterm birth, and can also increase the risk of long-term health problems for both the mother and the child.

Therefore, it is important for women to receive adequate nutrition during pregnancy and postpartum, through a balanced diet and appropriate supplementation, as recommended by the health care provider.

OBJECTIVES:

❑ To assess the level of knowledge of maternal nutrition among primigravida and multigravida mothers in selected PHCs/CHCs of Kamrup, Assam

❑ To assess the practice of maternal nutrition among primigravida and multigravida mothers in selected PHCs/CHCs of Kamrup, Assam

❑ To compare the knowledge scores between primigravida and multigravida mothers in selected PHCs/CHCs of Kamrup, Assam

❑ To associate the knowledge and practice of Maternal nutrition among Primigravida mothers and multigravida mothers with the selected demographic variables

❑ To prepare an informational booklet on maternal nutrition.

METHODS AND MATERIALS:

A non-experimental comparative research design was used in the study to accomplish the objectives. Purposive sampling technique was used for obtaining sample for the study. The study was undertaken on 100 samples; 50 primigravida and 50 multigravida mothers in selected health centres of Kamrup, Assam namely- Azara BPHC, Rani CHC, Mirza CHC and Changsari PHC. Respondents were selected on the basis of inclusion criteria. Semi-structured knowledge questionnaire on maternal nutrition and checklist to assess the nutritional practice was used as tool for study.

RESULT:

Out of 50 Primigravida mothers and 50 multigravida mothers majority of the mothers i.e., 41(82%) of the Primigravida mothers belonged to the age group between 16-25 and 34(68%) of the multigravida mothers belonged to the age group between 26-35 years, 29(58%) of the primigravida mothers were weighing between 51-60 kg and 33(66%) of the multigravida mothers were weighing between 61-70%, 47(94%) primigravida and 41(82%) of the multigravida mothers were Hindu,22(44%) of the primigravida mothers and 27(54%) of multigravida mothers has secondary education, 45(90%) of the primigravida mothers and 36(72%) of the multigravida mothers were housewives, 30(60%) of primigravida mothers and 32(64%) of multigravida mothers belonged to nuclear family, 34 (68%) of primigravida and multigravida mothers had family income of Rs.20000-30000 per month.

CONCLUSION:

After analysing the data, the findings showed that out of 50 primigravida mothers and 50 multigravida mothers, 26(52%) and 24(48%) of the mothers respectively had adequate knowledge.

Through this study, it was found out that average mothers had knowledge regarding maternal nutrition and remaining mothers had moderately adequate knowledge. Therefore, an information booklet on maternal nutrition was given as a source of providing an additional information which will enhance and promote their knowledge and practice on nutrition.

KEYWORDS: Knowledge, practice, Maternal nutrition, Primigravida mothers, Multigravida mothers

INTRODUCTION:

Comprehensive improvements in the nutritional and health status of women before and during pregnancy will contribute to optimal fetal growth, better outcomes in childbirth, improved perinatal survival and the potential for better long term health in both the mother and child.

Healthy diet in pregnancy should guarantee proper fetal growth and development, maintain maternal health and enable lactation.

During pregnancy, a mother's nutritional needs should be increased in order to meet the added nutrient demands for fetal growth and development. An enhanced understanding of adequate nutrition and sufficient weight gain during pregnancy can guide the development of policies and strategies for maternal nutrition care.

OBJECTIVES:

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☐ To associate the knowledge and practice of Maternal nutrition among Primigravida mothers and multigravida mothers with the selected demographic variables

☐ To prepare an informational booklet on maternal nutrition.

METHODOLOGY:

A non-experimental comparative research design was used in the study to accomplish the objectives. Purposive sampling technique was used for obtaining sample for the study. The study was undertaken on 100 samples; 50 primigravida and 50 multigravida mothers in selected health centres of Kamrup, Assam namely- Azara BPHC, Rani CHC, Mirza CHC and Changsari PHC. Respondents were selected on the basis of inclusion criteria. Semi-structured knowledge questionnaire on maternal nutrition and checklist to assess the nutritional practice was used as tool for study.

DESCRIPTION OF THE TOOL:

In order to meet the objectives of the study, the following tools were constructed which consists of three sections:

Section A: Demographic tools: It consists of 8 items, those are- age, weight, Religion, Occupation, Education, Type of family, Number of Pregnancies, Family income per month.

Section B: Semi Structured knowledge questionnaire:
This part of the tool consisted of 22 questions regarding knowledge on maternal nutrition. Those questions were based on :

- Introduction
- Importance of nutrition during pregnancy
- Consumption of supplements during pregnancy

- Consumption of minerals and vitamins containing diet
- Prenatal vitamins
- Importance of iron and folic acid supplements
- Importance of consuming a balanced diet during pregnancy
- Antenatal visits

Section C: Checklist to assess the nutritional practice:

This part of the tool consisted of 18 items in which the practice of nutrition during pregnancy were assessed .

DATA COLLECTION PROCEDURE:

The data collection was started on 30/9/2023. The ethical clearance was obtained from the respective authority. The investigator approached the Joint Director of Health Services, Amingaon Assam for conducting the study. After obtaining the permission, the investigator visited the respective Health centre for data collection – Azara District Hospital, Mirza community Health centre, Rani Community Health Centre and Changsari Primary Health centre. The mothers were selected by using a purposive sampling technique who fulfils the inclusion criteria. A brief self-introduction and the purpose of the study were explained to the mothers prior to data collection, informed consent was obtained for their willingness in their study and privacy and confidentiality were assured with regards to their response. The mothers were then ask to provide the correct answer of the study semi structured questionnaire and the checklist prepared by the investigator. Each respondent took approximately 20-30 minutes to complete the questionnaire. The data collection continued till the sample size reached 50 primigravida mothers and 50 multigravida mothers. The investigator thanked them after data was collected.

RESULTS:

Section I: Frequency and percentage distribution of demographic variables of primigravida and multigravida mothers

Table 1   n=100

Age in years	Primigravida (50)		Multigravida (50)	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
16 – 25	41	82.0	16	32.0
26 – 35	9	18.0	34	68.0
Weight in kg				
41 – 50	1	2.0	0	0

Age in years	Primigravida (50)		Multigravida (50)	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
51 – 60	29	58.0	15	30.0
61 – 70	19	38.0	33	66.0
>70	1	2.0	2	4.0
Religion				
Hindu	47	94.0	41	82.0
Islam	1	2.0	6	12.0
Christian	0	0	1	2.0
Others	2	4.0	2	4.0
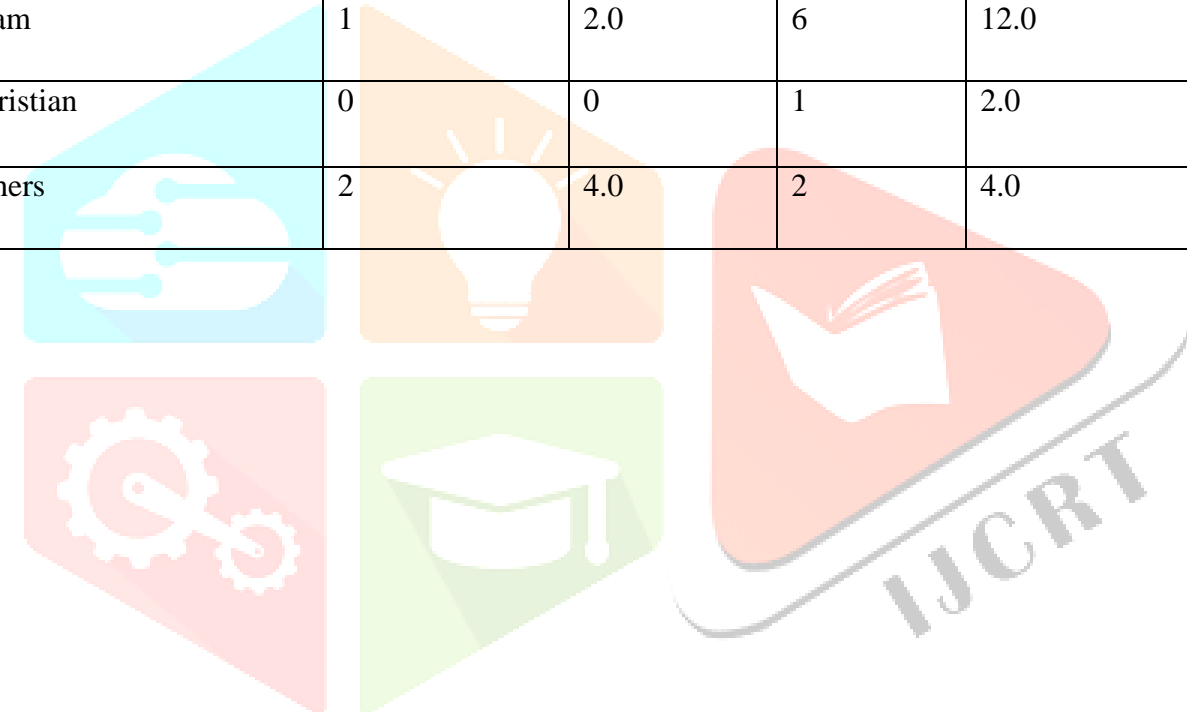
Education				
Up to primary school	2	4.0	0	0
High school	18	36.0	7	14.0
Secondary	22	44.0	27	54.0
Graduate and above	8	16.0	16	32.0
No formal education	-	-	-	-
Occupation				
Housewife	45	90.0	36	72.0
Government employee	0	0	1	2.0
Private employee	4	8.0	9	18.0
Others	1	2.0	4	8.0
Type of family				
Nuclear family	30	60.0	32	64.0
Joint family	20	40.0	17	34.0
Extended family	0	0	1	2.0
Family income per month				
Less than 10000	0	0	1	2.0
10000 - 20000	15	30.0	6	12.0
20000 – 30000	34	68.0	34	68.0
More than 30000	1	2.0	9	18.0

Table-1 portrays that out of 50 primigravida mothers, most of the mothers, 41(82%) were aged between 16 – 25 years & and 9(18%) were aged between 26-35 years. Whereas out of 50 multigravida mothers, most of the mothers, 34(68%) were aged between 26 – 35 years, and 26(32%) were aged between 16-25 years.

Out of 50 primigravida mothers, most of the mothers, 29(58%) were weighing between 51-60 kg, 19(38%) were weighing between 61-70 kg and 1(2%) were weighing >70 kg. Whereas out of 50 multigravida mothers, most of the mothers, 33(66%) were weighing between 61-70 kg, 15(30%) were weighing between 51-60 kg and 2(4%) were weighing between >70kg.

Out of 50 primigravida mothers, most of the mothers, 47(94%)were Hindus, 2(4%) were others,1(2%) were Islam and none were Christian. Whereas out of 50 multigravida mothers, most of the mothers, 41(82%) were Hindus, 2(4%) were others, 6(12%) were Islam and 1(2%) were Christian.

Out of 50 primigravida mothers, most of the mothers, 22(44%) had secondary education, 18(36%) had high school education, 8(16%) had graduate level of education, 2(4%) had up to primary school education and none had no formal education. Whereas out of 50 multigravida mothers, most of the mothers 27(54%) had secondary education, 16(32%) had graduate level of education,7(14%) had high school education and none had no formal education.

Out of 50 primigravida mothers, most of the mothers 45(90%) were housewife, 4(8%) were private employee and 1(2%) had other occupation. Whereas out of 50 multigravida mothers, most of the mothers36(72%) were housewife, 9(18%) were private employee and 4(8%) had other occupation.

Out of 50 primigravida mothers, most of the mothers 30(60%) belonged to nuclear family, 20(40%) belonged to joint family and none belonged to extended family. Whereas out of 50 multigravida mothers, most of the mothers 32(64%) belonged to Nuclear family, 17(34%) belonged to Joint family and 1(2%) belonged to extended family.

Out of 50 primigravida mothers, majority of the respondents 34(68%) total monthly were between Rs.20000-30000, 15(30%) between Rs.10000-20000, 1(2%) were more than 30000 and none were less than 10000. Whereas out of 50 multigravida mothers, majority of the respondents 34(68%) total monthly were between Rs.20000-30000, 9(18%) between Rs.10000-20000, 6(12%) were more than 30000 and 192%) were less than 10000

Section II: Frequency and percentage distribution of level of knowledge of maternal nutrition among primigravida and multigravida mothers

Table 2   n=100

Level of Knowledge	Primigravida		Multigravida		Chi-Square Test & p-value
	F	%	F	%	
Inadequate (≤33%)	7	14.0	6	12.0	χ^2=0.400 P=0.819 N.S
Moderately Adequate (34 – 66%)	17	34.0	20	40.0	
Adequate (>66%)	26	52.0	24	48.0	

Table 2 findings shows that among the primigravida mothers 26(52%) had adequate knowledge of maternal nutrition, 17(34%) had moderately adequate knowledge and 7(14%) and inadequate knowledge whereas among the multi gravida mothers 24(48%) had adequate knowledge, 20(40%) had moderate adequate knowledge and 6(12%) had inadequate knowledge of maternal nutrition.

The calculated chi-square value of 0.400 was not statistically significant at p<0.05 level which clearly infers that there was no statistically significant difference in the level of knowledge of maternal nutrition between the primigravida and multigravida mothers.

Section III: Frequency and percentage distribution of level of nutritional practice of maternal nutrition among primigravida and multigravida mothers

Table 3　　n=100

Level of Nutritional Practice	Primigravida		Multigravida		Chi-Square Test & p-value
	F	%	F	%	
Inadequate (≤33%)	-	-	-	-	χ^2=1.961 P=0.161 N.S
Moderately Adequate (34 – 66%)	5	10.0	10	20.0	
Adequate (>66%)	45	90.0	40	80.0	

Table 3 findings shows that among the primigravida mothers 45(90%) had adequate practice of maternal nutrition and 5(10%) and moderately adequate practice whereas among the multi gravida mothers 40(80%) had adequate practice and 10(20%) had moderate adequate practice of maternal nutrition.

The calculated chi-square value of 1.961 was not statistically significant at $p<0.05$ level which clearly infers that there was no statistically significant difference in the level of practice of maternal nutrition between the primigravida and multi gravida mothers.

Section IV: Comparison of knowledge of maternal nutrition between primigravida and multi gravida mothers.

Table 4　　n=100

Knowledge	Mean	S.D	Mean Difference score	Student Independent "t" test & p-Value
Primigravida	13.72	4.42	0.46	t = 0.565
Multigravida	14.18	3.67		p=0.573, N.S

N.S – Not Significant

With regard to level of knowledge on maternal nutrition, the mean score among primigravida mothers was 13.72±4.42 and the mean score among multigravida mothers was 14.18±3.67. The mean difference score was 0.46

The calculated student independent "t" test value of t=0.565 was not statistically significant at $p<0.05$ level. This finding interprets that there was no statistically significant difference in the knowledge scores of maternal nutrition between the primigravida and multi gravida mothers.

Section V: Comparison of practice of maternal nutrition between primigravida and multi gravida mothers

Table 5   n=100

Practice	Mean	S.D	Mean Difference Score	Student Independent "t" test & pValue
Primigravida	12.66	1.76	0.46	t = 1.582 p=0.118, N.S
Multigravida	12.20	1.04		

N.S – Not Significant

With regard to the level of practice of maternal nutrition, the mean score among primigravida mothers was 12.66 ±1.76 and the mean score among multigravida mothers was 12.20±1.04. The mean difference score was 0.46

The calculated student independent "t" test value of t=1.582 was not statistically significant at p<0.05 level. This finding infers that there was no statistically significant difference in the practice scores of maternal nutrition between the primigravida and multigravida mothers

Section VI: Association of level of knowledge of maternal nutrition among primigravida mothers with their selected demographic variables

Table 6   n=50

Demographic Variables	Inadequate		Moderately Adequate		Adequate		Chi-Square p-value / Fisher Exact test p-value
	F	%	F	%	F	%	
Age (in years)							
16 – 25	5	10.0	12	24.0	24	48.0	P=0.116 N.S
26 – 35	2	4.0	5	10.0	2	4.0	
Weight in kg							
41 – 50	0	0	1	2.0	0	0	P=0.727 N.S
51 – 60	4	8.0	9	18.0	16	32.0	
61 – 70	3	6.0	6	12.0	10	20.0	

>70	0	0	1	2.0	0	0	
Religion						
Hindu	7	14.0	17	34.0	23	46.0	P=0.812
Islam	0	0	0	0	1	2.0	N.S
Christian	0	0	0	0	2	4.0	
Others	-	-	-	-	-	-	
Education							P=0.817
Up to primary school	0	0	0	0	2	4.0	N.S
High school	3	6.0	7	14.0	8	16.0	
Secondary	2	4.0	8	16.0	12	24.0	
Graduate and above	2	4.0	2	4.0	4	8.0	
No formal education	-	-	-	-	-	-	
Occupation							
Housewife	6	12.0	15	30.0	24	48.0	
Government employee	-	-	-	-	-	-	P=0.587 N.S
Private employee	1	2.0	2	4.0	1	2.0	
Others	0	0	0	0	1	2.0	
Type of family							
Nuclear family	6	12.0	10	20.0	14	28.0	P=0.325
Joint family	1	2.0	7	14.0	12	24.0	N.S
Extended family	-	-	-	-	-	-	
Family income per month							
Less than 10000	-	-	-	-	-	-	P=0.353
10000 - 20000	1	2.0	7	14.0	7	14.0	N.S
20000 – 30000	6	12.0	9	18.0	19	38.0	
More than 30000	0	0	1	2.0	0	0	

N.S – Not Significant

It shows that the demographic variables did not show statistically significant association with level of knowledge of maternal nutrition among primigravida mothers at p<0.05 level.

Age: The table shows that the calculated Fischer Extract test p-value is 0.116 which is more than 0.05 (level of significance). Hence there is no association between knowledge and age of the primigravida mothers.

Weight: The table shows that the calculated Fischer Extract test p-value is 0.727 which is more than 0.05 (level of significance). Hence there is no association between knowledge and weight of the primigravida mothers.

Religion: The table shows that the calculated Fischer Extract test p-value is 0.812 which is more than 0.05 (level of significance). Hence there is no association between knowledge and religion of the primigravida mothers.

Education: The table shows that the calculated Fischer Extract test p-value is 0.817 which is more than 0.05 (level of significance). Hence there is no association between knowledge and education of the primigravida mothers.

Occupation: The table shows that the calculated Fischer Extract test p-value is 0.587 which is more than 0.05 (level of significance). Hence there is no association between knowledge and occupation of the primigravida mothers.

Type of family: The table shows that the calculated Fischer Extract test p-value is 0.325 which is more than 0.05 (level of significance). Hence there is no association between knowledge and type of family of the primigravida mothers.

Monthly family income: The table shows that the calculated Fischer Extract test p-value is 0.353 which is more than 0.05 (level of significance). Hence there is no association between knowledge and monthly family income of the primigravida mothers.

Section VII: Association of level of knowledge of maternal nutrition among multigravida mothers with their selected demographic variables

Table 7   n=50

Demographic Variables	Inadequate		Moderately Adequate		Adequate		ChiSquare p-value / Fisher Exact test pvalue
	F	%	F	%	F	%	
Age (in years)							P=0.114 N.S
16 – 25	4	8.0	4	8.0	8	16.0	
26 – 35	2	4.0	15	32.0	16	32.0	
Weight in kg							P=0.289 N.S
41 – 50	-	-	-	-	-	-	
51 – 60	4	8.0	4	8.0	7	14.0	
61 – 70	2	4.0	15	30.0	16	32.0	
>70	0	0	1	2.0	1	2.0	

Religion							P=0.484 N.S
Hindu	5	10.	18	36.0	18	36.0	
Islam	0	0	2	4.0	4	8.0	
Christian	0	0	0	0	1	2.0	
Others	1	2.0	0	0	1	2.0	
Education							P=0.819 N.S
Upto primary school	-	-	-	-	-	-	
High school	2	4.0	2	4.0	3	6.0	
Secondary	3	6.0	11	22.0	13	26.0	
Graduate and above	1	2.0	7	14.0	8	16.0	
No formal education	-	-	-	-	-	-	
Occupation							P=0.682 N.S
Housewife	6	12.0	14	28.0	16	32.0	
Government employee	0	0	0	0	1	2.0	
Private employee	0	0	5	10.0	4	8.0	
Others	0	0	1	2.0	3	6.0	
Type of family							P=0.308 N.S
Nuclear family	2	6.0	13	26.0	17	34.0	
Joint family	4	8.0	6	12.0	7	14.0	
Extended family	0	0	1	2.0	0	0	
Family income per month							P=0.750 N.S
Less than 10000	0	0	0	0	1	2.0	
10000 - 20000	1	2.0	3	6.0	2	4.0	
20000 – 30000	5	10.0	14	28.0	15	30.0	
More than 30000	0	0	3	6.0	6	12.0	

N.S – Not Significant It shows that the demographic variables did not show statistically significant association with level of knowledge of maternal nutrition among multigravida mothers at $p < 0.05$ level.

Age: The table shows that the calculated Fischer Extract test p-value is 0.114 which is more than 0.05 (level of significance). Hence there is no association between knowledge and age of the multigravida mothers.

Weight: The table shows that the calculated Fischer Extract test p-value is 0.289 which is more than 0.05 (level of significance). Hence there is no association between knowledge and weight of the multigravida mothers.

Religion: The table shows that the calculated Fischer Extract test p-value is 0.484 which is more than 0.05 (level of significance). Hence there is no association between knowledge and religion of the multigravida mothers.

Education: The table shows that the calculated Fischer Extract test p-value is 0.819 which is more than 0.05 (level of significance). Hence there is no association between knowledge and education of the multigravida mothers.

Occupation: The table shows that the calculated Fischer Extract test p-value is 0.682 which is more than 0.05 (level of significance). Hence there is no association between knowledge and occupation of the multigravida mothers.

Type of family: The table shows that the calculated Fischer Extract test p-value is 0.308 which is more than 0.05 (level of significance). Hence there is no association between knowledge and type of family of the multigravida mothers.

Monthly family income: The table shows that the calculated Fischer Extract test p-value is 0.750 which is more than 0.05 (level of significance). Hence there is no association between knowledge and monthly family income of the multigravida mothers.

Section VIII: Association of level of practice of maternal nutrition among primigravida mothers with their selected demographic variables.

Table 8   n=50

Demographic Variables	Moderately Adequate		Adequate		Chi-Square pvalue / Fisher Exact test pvalue
	F	%	F	%	
Age (in years)					
16 – 25	5	10.0	36	72.0	P=0.570 N.S
26 – 35	0	0	9	18.0	
Weight in kg					
41 – 50	0	0	1	2.0	P=1.000 N.S
51 – 60	3	3.0	26	52.0	
61 – 70	2	4.0	17	34.0	

>70	0	0	1	2.0	
Religion					
Hindu	4	8.0	43	86.0	P=0.276 N.S
Islam	0	0	1	2.0	
Christian	-	-	-	-	
Others	1	2.0	1	2.0	
Education					
Upto primary school	0	0	2	4.0	P=0.119 N.S
High school	0	0	18	36.0	
Secondary	5	10.0	17	34.0	
Graduate and above	0	0	8	16.0	
No formal education	-	-	-	-	
Occupation					
Housewife	3	6.0	42	84.0	P=0.072 N.S
Government employee	-	-	-	-	
Private employee	2	4.0	2	4.0	
Others	0	0	1	2.0	
Type of family					
Nuclear family	3	6.0	27	54.0	P=1.000 N.S
Joint family	2	4.0	18	36.0	
Extended family	-	-	-	-	
Family income per month					P=1.000 N.S
Less than 10000	-	-	-	-	
10000 - 20000	1	2.0	14	28.0	
20000 – 30000	4	8.0	30	60.0	
More than 30000	0	0	1	2.0	

N.S – Not Significant

Table XIV shows that the demographic variables did not show statistically significant association with level of practice of maternal nutrition among primigravida mothers at p<0.05 level.

Age: The table shows that the calculated Fischer Extract test p-value is 0.570 which is more than 0.05 (level of significance). Hence there is no association between practice and age of the primigravida mothers.

Weight: The table shows that the calculated Fischer Extract test p-value is 1.000 which is more than 0.05 (level of significance). Hence there is no association between practice and weight of the primigravida mothers.

Religion: The table shows that the calculated Fischer Extract test p-value is 0.276 which is more than 0.05 (level of significance). Hence there is no association between practice and religion of the primigravida mothers.

Education: The table shows that the calculated Fischer Extract test p-value is 0.119 which is more than 0.05 (level of significance). Hence there is no association between practice and education of the primigravida mothers.

Occupation: The table shows that the calculated Fischer Extract test p-value is 0.072 which is more than 0.05 (level of significance). Hence there is no association between practice and occupation of the primigravida mothers.

Type of family: The table shows that the calculated Fischer Extract test p-value is 1.000 which is more than 0.05 (level of significance). Hence there is no association between practice and type of family of the primigravida mothers.

Monthly family income: The table shows that the calculated Fischer Extract test p-value is 1.000 which is more than 0.05 (level of significance). Hence there is no association between practice and monthly family income of the primigravida mothers.

Section IX: Association of level of practice of maternal nutrition among multi gravida mothers with their selected demographic variables

Table 9   n=50

Demographic Variables	Moderately Adequate		Adequate		Chi-Square pvalue / Fisher Exact test p-value
	F	%	F	%	
Age (in years)					
16 – 25	1	2.0	15	30.0	P=0.138 N.S
26 – 35	9	18.0	25	50.0	
Weight in kg					
41 – 50	-	-	-	-	
51 – 60	4	8.0	11	22.0	P=0.267 N.S
61 – 70	5	10.0	28	56.0	
>70	1	2.0	1	2.0	
Religion					
Hindu	9	18.0	32	64.0	
Islam	0	0	6	12.0	P=0.202 N.S
Christian	1	2.0	0	0	
Others	0	0	2	4.0	
Education					
Up to primary school	-	-	-	-	
High school	3	6.0	4	8.0	
Secondary	4	8.0	23	46.0	P=0.297 N.S
Graduate and above	3	6.0	13	26.0	
No formal education	-	-	-	-	

Occupation					
Housewife	9	18.0	27	54.0	P=0.671 N.S
Government employee	0	0	1	2.0	
Private employee	1	2.0	8	16.0	
Others	0	0	4	8.0	
Type of family					
Nuclear family	6	12.0	26	52.0	P=0.307 N.S
Joint family	3	6.0	14	28.0	
Extended family	1	2.0	0	0	
Family income per month					
Less than 10000	0	0	1	2.0	P=0.887 N.S
10000 - 20000	1	2.0	5	10.0	
20000 – 30000	8	16.0	26	52.0	
More than 30000	1	2.0	8	16.0	

N.S – Not Significant

Table XV shows that the demographic variables did not show statistically significant association with level of practice of maternal nutrition among multi gravida mothers at p<0.05 level.

Age: The table shows that the calculated Fischer Extract test p-value is 0.138 which is more than 0.05 (level of significance). Hence there is no association between practice and age of the multigravida mothers.

Weight: The table shows that the calculated Fischer Extract test p-value is 0.267 which is more than 0.05 (level of significance). Hence there is no association between practice and weight of the multigravida mothers.

Religion: The table shows that the calculated Fischer Extract test p-value is 0.202 which is more than 0.05 (level of significance). Hence there is no association between practice and religion of the multigravida mothers.

Education: The table shows that the calculated Fischer Extract test p-value is 0.297 which is more than 0.05 (level of significance). Hence there is no association between practice and education of the multigravida mothers.

Occupation: The table shows that the calculated Fischer Extract test p-value is 0.671 which is more than 0.05 (level of significance). Hence there is no association between practice and occupation of the multigravida mothers.

Type of family: The table shows that the calculated Fischer Extract test p-value is 0.307 which is more than 0.05 (level of significance). Hence there is no association between practice and type of family of the multigravida mothers.

Monthly family income: The table shows that the calculated Fischer Extract test p-value is 0.887 which is more than 0.05 (level of significance). Hence there is no association between practice and monthly family income of the multigravida mothers.

CONCLUSION:

After analysing the data, the findings showed that out of 50 primigravida mothers and 50 multigravida mothers, 26(52%) and 24(48%) of the mothers respectively had adequate knowledge.

Through this study, it was found out that average mothers had knowledge regarding maternal nutrition and remaining mothers had moderately adequate knowledge. Therefore, an information booklet on maternal nutrition was given as a source of providing an additional information which will enhance and promote their knowledge and practice on nutrition.

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