"TO ASSESS THE KNOLWEDGE REGARDING ANTENTAL DIET AMONG ANTENATAL MOTHER'S ATTEDNING CLINIC IN SELECTED HOSPITALS, KOLHAPUR''

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ABSTRACT

Pregnancy is an important time for both mother and baby, a healthy diet during the pregnancy goes a long way for a healthy delivery. A proper antenatal diet should be provided for both with good nutrition for better health, during pregnancy and even years after birth. Pregnancy is a one of the physiologic vital events, which needs special care from the conception to postnatal period every mother wants to enjoy the nine months period with the baby inside her womb. The mother's joyful experience of the pregnancy is not going to be always but sometimes it is associated with problems of some minor ailments that may present among mothers which cause discomfort to the mothers during pregnancy.[2] **Objectives-** 1. To assess the knowledge of antenatal mothers regarding antenatal diet. 2. To find out an association between knowledge scores regarding antenatal diet among antenatal mothers with their selected socio-demographic variables. **Methods-** A descriptive research design was used for the present study which consisted a group of 100 samples from selected antenatal clinic at Kolhapur. Samples were selected by using non- probability purposive sampling technique. Knowledge regarding antenatal diet was assessed using structured knowledge questionnaire on antenatal diet. **Results-** The results revealed that, out of 100 samples, Majority 70% had average knowledge score, Minimum 11% had good knowledge score and 19% had poor knowledge score regarding antenatal diet. There is an association between knowledge scores regarding antenatal diet among antenatal mothers with their selected socio-demographic variables at 0.05 level of significance, hence hypothesis is accepted. **Conclusion-** Study concluded that there is an emerging need to provide information booklet on antenatal diet to antenatal mother so that will get the information about antenatal diet so that she can incorporate this knowledge during pregnancy.

Key Word: Antenatal Diet, Antenatal Mother, Antenatal Clinic

INTRODUCTION

"Only a prospective mother's knows what it is to carry, the onlookers notice her illness and pity her, but she alone knows the travail."

- Mahatma Gandhi

Maternal nutrition is of great importance for fetal development and growth, as well as offspring health, throughout the life course. A healthy antenatal dietary intake supports fetal development, and might thereby prevent congenital malformations, premature birth, and low birth weight. Although pregnant women are generally aware of the importance of a healthy diet

during pregnancy, their actual dietary intake remains sub-optimal. In particular, women with a lower socioeconomic status (SES) adhere less to dietary guidelines and have poorer maternal and child health outcomes than women from a more privileged socioeconomic background.[1]

A healthy diet during pregnancy has also been shown to play a role in preventing adverse health outcomes such as a reduction in preterm birth with the consumption of fish two or more times per week, and reduced risk of pre-eclampsia in women who consume higher intakes of fruit and vegetables[2]

Promotion of maternal and child health has been one of the most important components of antenatal care is to offer information and advice to women about pregnancy related complication and possible curative measures for early detection and management of complications. Antenatal care can also play a critical role in preparing a woman and her family for birth by establishing confidence between the woman and her health care provider and by individualizing promotional health messages.[3]

In addition to increased energy requirement during pregnancy, it has long been recognized that pregnancy increases a women's needs for protein, vitamins and minerals. Some reports suggest that the usual dietary intake at certain nutrients is inadequate to meet the needs of the antenatal mother's, and many suggest that supplemental intake of one or more nutrients might be desirable. Balanced nutrition during pregnancy is very important for mother and fetal well-being. It is approximately 300 calories extra needed daily to maintain health during pregnancy. These calories come from a protein, fruits, vegetables and whole grain and minimum amount of sweets and fats. A healthy and well balanced diet during pregnancy can help to minimize some pregnancy symptoms such as nausea, vomiting, heart burn, constipation. Extra calories needed during pregnancy to build up her tissue, to build fat stores, to make breast milk and for growth and development of fetus and placenta.[4]

NEED FOR THE STUDY
"An ounce of prevention is better than a pound of cure".
Nutrition education during pregnancy about healthy diet and healthy lifestyle during pregnancy can be the right time to encourage adequate daily iron, folic acid intake, and other pregnancy specific foods. Nutrition education programs endeavor to improve participants' dietary intakes during pregnancy by promoting balanced diet. Evidence suggests that nutrition education during pregnancy has significant impact on knowledge and dietary habit of pregnant women, which enables to improve maternal and birth outcome of pregnancy.[5]

The knowledge about proper nutrition and balanced diet during pregnancy is considered important for the wellbeing of both mother and foetus and also supports maternal health during pregnancy, delivery and breastfeeding. Nutrient requirements increase to support foetal and infant growth and development along with alterations in maternal tissues and metabolism[6]

Malnutrition is one of the most serious health problems affecting children and their mothers in Ethiopia. Undernourished mothers face greater risks during pregnancy and childbirth, and their children set off on a weaker developmental path, both physically and mentally. Undernourished children have lower resistance to infection and are more likely to die from common childhood ailments as diarrheal diseases and respiratory infections. Malnutrition prevents individuals and

even the whole country from achieving full potential, and is closely related with survival, poverty and development[7]

AIM OF THE STUDY

To assess the knowledge regarding antenatal diet among antenatal mother's attending clinic.

METHODS

The present study is a descriptive survey in nature was undertaken to identify knowledge regarding antenatal diet among antenatal mothers attending antenatal clinic of Kolhapur.

The study aimed at accomplishing the following objectives,

1. To identify the knowledge regarding antenatal diet among antenatal mothers attending antenatal clinic of Kolhapur.
2. To find out an association between knowledge scores regarding antenatal diet among antenatal mothers with their selected socio-demographic variables.

The study assumed that Antenatal mothers are having some knowledge regarding antenatal diet, and use of informational booklet will help the mother to update the knowledge. The review of literature was directed and supported the prevalence, attitude towards of antenatal diet. A descriptive research design was used for the present study. This consisted a group of 100 participants that were selected on the basis of the sampling criteria set for the study. The non-probability, purposive sampling technique was used to select the samples for the present study. Selection and development of the tool was done based on the study. After an extensive review of literature; referring the books and journal as well as discussion with the experts, the tool were developed. It consisted of two sections that is nine selected socio-demographic variables and structured knowledge questionnaires on knowledge of antenatal diet which consisted 25 items of multiple choice questions. The data was collected by using same tool. In order to fulfill the objectives the data was tabulated and analyzed by using descriptive and inferential statistics. The descriptive statistics frequency and percentage were used and inferential statistics chi square test were used.

RESULTS AND DISCUSSION

The data obtained were entered into a master data sheet for tabulation and statistical analysis of data was organized and presented under the following headings,

Findings related to distribution of socio-demographic variables of subjects:

Table 1: Frequency and percentage distribution of subjects according to their socio demographic variables.

n=100

Sr. No.	Socio-demographic variables	Frequency (f)	Percentage (%)
1	**Age in years**		
	a)19 – 23	49	49
	b)24 -28	38	38
	c)29 – 33	26	26
	d)34 – 38	01	01
2	**Religion**		
	a) Hindu	68	68

Sr. No.	Socio-demographic variables	Frequency (*f*)	Percentage (%)
	b) Muslim	15	15
	c) Christian	07	07
	d) Others	10	10
3	**Educational qualification**		
	a) Uneducated	00	00
	b) Primary	20	20
	c) Secondary	52	52
	d) Graduate	28	28
4	**Monthly Income of the family**		
	a) Below10,000/-	19	19
	b) Rs.10,000/-to20,000/-	70	70
	c) Rs.20,000/-to50,000/-	09	09
	d) Rs.50,000/-&Above	02	02
5	**Type of family**		
	a) Nuclear	37	37
	b) Joint	61	61
	c) Extended	02	02
6	**Gravida**		
	a) First	54	54
	b) Second	36	36
	c) Third	10	10
7	**Type of Diet**		
	a) Vegetarian	07	07
	b) Non-vegetarian	03	03
	c) Mixed	90	90
8	**Occupation**		
	a) Housewife	78	78
	b) Service	13	13
	c) Business	06	06
	d) Others	03	03
9	**Area of Residence**		
	a) Rural	34	34
	b) Urban	66	66

Table 1 indicates that, out of 100 participants, Majority 49 (49%) belonged to the age group of 19 - 23 years, and minimum 01(01%) belonged to the age group of 34 – 38 years. Majority 68 (68%) belonged to Hindu religion and minimum 07 (7%) belonged to Christian religion. Majority 52 (52%) were had secondary education, while none were uneducated. Majority 70 (70%) were having monthly income between 10000 – 20000 and 02 (2%) were having monthly

income between 50000 and above. Majority 61 (61%) belonged to joint family and 02 (2%) belonged to extended family. Majority 54 (54%) were having first gravida while 10 (10%) were having third gravida. Majority 90 (90%) consumes mixed diet, while 03(3%) were non-vegetarians. Majority 78 (78%) were housewives. Majority 66 (66%) were residing in urban area while 34 (34%) belonged to rural area.

Findings related to distribution of knowledge scores of subjects:

The knowledge scores of participants regarding antenatal diet tabulated and analyzed.

Graph 1: Bar diagram depicting distribution of participants according to their knowledge scores
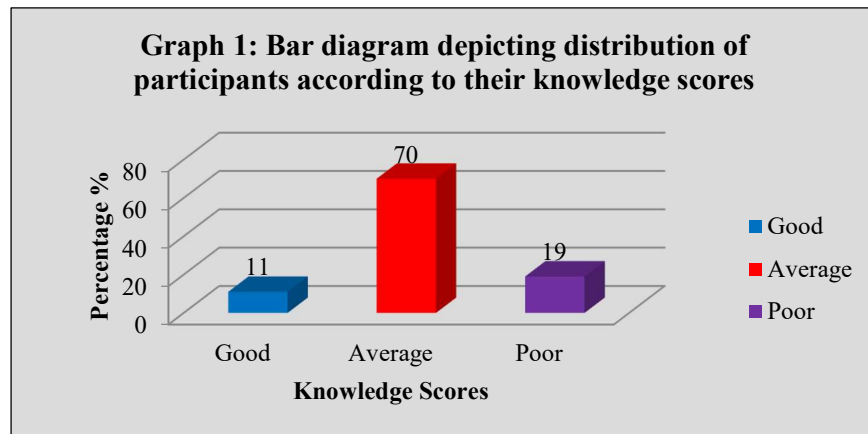
Graph 1 Indicates that, out of 100 participants, majority 70 (70%) had average knowledge scores and 19 (19%) had poor knowledge score regarding antenatal diet which indicates need of information booklet on antenatal diet.

This result contradictory with the study done by Ebisa olika et al to assess the knowledge regarding antenatal diet among pregnant mothers attending selected health center of Horo Gudury Wollega Zone, Oromia, Ethiopia. This research showed only 64.4% of women had nutrition knowledge during pregnancy.[8]

Finding related to association between knowledge scores and selected socio- demographic variables:

The data was analyzed and categorized the association between knowledge scores of antenatal mothers regarding antenatal diet with their selected socio demographic variables.

Table 2: Association between knowledge scores and selected socio- demographic variables n=100

Sr. No.	Socio-demographic Variables	Knowledge Scores			df	Chi square test (X^2)	
		Good (20 - 25)	Average (14 - 19)	Poor (0 - 13)		Tabulated Value	Calculated Value
1	Age in years						
	a)19 - 23	4	37	8	6	12.59	5.33
	b)24 -28	6	23	9			
	c)29 - 33	0	9	1			
	d)34 – 38	1	1	1			

Sr. No.	Socio-demographic Variables	Knowledge Scores			df	Chi square test (X^2)	
		Good (20 - 25)	Average (14 - 19)	Poor (0 - 13)		Tabulated Value	Calculated Value
2	Religion						
	a) Hindu	9	45	15	6	12.59	1.44
	b) Muslim	1	11	3			
	c) Christian	0	7	0			
	d) Others	1	7	1			
3	Educational qualification						
	a) Uneducated	0	0	0	4	9.48	23.08*
	b) Primary	0	11	10			
	c) Secondary	3	42	7			
	d) Graduate	8	17	2			
4	Monthly Income of the family						
	a) Below10,000/-	1	13	8	6	12.59	13.40*
	b) Rs.10,000/- to20,000/-	7	49	9			
	c) Rs.20,000/- to50,000/-	3	8	0			
	d) Rs.50,000/- &Above	0	0	2			
5	Type of family						
	a) Nuclear	8	37	16	4	9.48	6.39
	b) Joint	3	31	3			
	c) Extended	0	2	0			
6	Gravida						
	a) First	7	39	10	4	9.48	0.40
	b) Second	3	23	7			
	c) Third	1	8	2			
7	Type of Diet						
	a) Vegetarian	1	3	2	4	9.48	1.76
	b) Non-vegetarian	0	3	0			
	c) Mixed	10	64	17			
8	Occupation						
	a) Housewife	7	53	19	6	12.59	2.75
	b) Service	2	10	0			
	c) Business	1	5	0			
	d) Others	1	2	0			
9	Area of Residence						
	a) Rural	3	26	10	2	5.99	2.22

Sr. No.	Socio-demographic Variables	Knowledge Scores Good (20 - 25)	Average (14 - 19)	Poor (0 - 13)	df	Chi square test (X^2) Tabulated Value	Calculated Value
	b) Urban	8	44	9			

'*' Indicates association

Table 2 indicates that, the calculated chi square values of variables like educational status [X^2_{cal}= 23.75, X^2_{tab}= 9.49], family income [X^2_{cal}= 13.39, X^2_{tab}= 9.49], were higher than that of table values at P<0.05 level of significance. That indicates there was significant association between knowledge scores with selected socio-demographic variable. While age in year, religion, type of family, gravida, type of diet, occupation and residential area did not show any significant association.

This result supported with the study done by Sumaira Bashir et al to assess knowledge, attitude, and practice on antenatal care among pregnant women and its association with sociodemographic factors. Study resulted that There was a significant association between type of family and investigation during pregnancy ($P = 0.02$), pregnant women's education with knowledge about TT injection ($P = 0.001$), investigation during pregnancy ($P = 0.02$), and diet, IFA ($P = 0.01$). Pregnant women's occupation also showed a significant association with diet, IFA ($P = 0.0003$). While age, parity, and SES did not show any significant association ($P > 0.05$). The level of comprehensive knowledge had a good relationship with the ANC-targeted practices ($r = 0.18$, $P < 0.001$).[9]

CONCLUSION

Present study concluded that the out of 100 samples, majority 70 (70%) had average knowledge score and 19(19%) had poor knowledge score regarding antenatal diet which indicates there is an emerging need to provide information booklet on antenatal diet. It is high time we should understand that mothers should have knowledge about antenatal diet. The calculated Chi-square values were higher than tabulated value at 0.05 level of significance. This indicated that there was significant association between knowledge scores and selected socio-demographic variables like educational status, family income. Therefore the calculated Chi-square values were higher than tabulated value at P<0.05 level of significance. A descriptive study was conducted at selected hospitals to evaluate the knowledge regarding antenatal diet. The data was collected and the samples were selected by non-probability, purposive sampling technique. The study concluded that calculated paired 't' value was greater than tabulated value i.e H_1 was accepted.

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