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RESEARCH ARTICLE

A STUDY TO ASSESS THE EXPRESSED PRACTICES OF PREGNANT WOMEN REGARDING THE NUTRITIONAL NEEDS TO PREVENT ANEMIA DURING ANTENATAL PERIOD AT SELECTED HOSPITAL OF GURUGRAM, HARYANA

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ABSTRACT

Aim: A study to assess the expressed practices of pregnant women regarding the nutritional needs to prevent anemia during antenatal period at selected hospital of Gurugram, Haryana. **Methodology:** Non Experimental descriptive survey design was adopted in the present study. Purposive sampling technique was used to select the sample size of 60 Pregnant women visiting the O.P.D for antenatal assessment at selected hospital of Gurugram. The assessment of expressed practices of pregnant women regarding nutritional needs to prevent anemia during antenatal period was carried out using a validated checklist regarding. **Results:** Assessment of the expressed practices scores revealed that equal number of pregnant women i.e. 50% of antenatal mothers were following healthy dietary practices and same number (50%) of pregnant women were following unhealthy dietary practices regarding iron deficiency anemia. Chi-square test was used to find the association between expressed practices scores with selected demographic variables. The results indicated that there was a significant association between the expressed practices scores and educational level of pregnant women. **Conclusion:** The findings of the study depicts that The pregnant women also expressed unhealthy dietary practices that can lead to various complications for women as well as their babies i.e. abortion, maternal mortality, IUGR, preterm baby etc. Hence the nurses must increase their efforts to impart more knowledge and create awareness on treatment to prevent anaemia in pregnancy.

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INTRODUCTION

Antenatal period is a crucial period for both mother and baby. Diet during pregnancy plays a very important role as when mother is provided with good nutritious diet during her pregnancy it will end up in delivery of a healthy baby. Anemia in pregnancy is defined by World Health Organization (WHO) as a hemoglobin concentration below 11gm/dl (WHO, 1992). Iron-deficiency anemia is the most common form of malnutrition in the world and is the eighth leading cause of disease in girls and pregnant women in developing countries. Women's health is central to the survival of the society as they give beginning to the new life on the earth and cares for all the family members (Wright, 2009). The prevalence of anemia is very high i.e. (33-75%) in developing countries to that of 15% in developed countries.

According to National Family Health survey-III (2005-2006) prevalence of anemia among pregnant women in India is 58% which is higher as compare to the previous survey (NFHS – II). Iron deficiency anemia is the most wide spread micronutrient deficiency during pregnancy affects one billion people worldwide and the United Nations Children's Fund's (UNICEF) emphasizes this global problem and goal to reduce the prevalence of anemia (including iron deficiency) to one third by 2010 (Deoki, 2009). In India around 80% of pregnant women are anemic, 19% of maternal deaths are attributed to anemia. The prevalence was highest in Bihar (87.6%) followed by Rajasthan (85.1%) and Karnataka (82.7%) (Vijaynath, 2010).

Need for the study: Nutritional problems during pregnancy impact not only on women's quality of life, but consequently on her newborn's wellbeing after delivery, her family members and community as well.

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The nutritional status of the mother is the most important determinant of pregnancy outcomes, including the birth weight of the newborn (United Nations International Children Education Fund, 2000). The Survey conducted by ICMR during 1987-1989 in six states of India found that out of 1,968 women 62.3% had hemoglobin level less than 11g/dl. The district Nutrition Survey [1999-2000], reported that prevalence of hemoglobin less than 11g/dl was in 61%, 79%, 84%, and 91% in the districts of Himachal Pradesh, Uttar Pradesh, Bihar, Assam and Kashmir respectively was shown.

These national data suggest high prevalence of nutritional Anemia in pregnancy (Anshu et al., 2007). Anemia in pregnancy is one of the important public health problems. About 4-16% of maternal death is due to anaemia. It also increases the maternal morbidity, fetal and neonatal mortality and morbidity significantly.Therefore the investigator thought that Nutritional Anemia is the most frequent maternal complications during pregnancy, so antenatal care should be concerned with its early detection and management (De Mayer, 1998).

Statement of the problem: A study to assess the expressed practices of pregnant women regarding the nutritional needs to prevent anemia during antenatal period at selected hospital of Gurugram, Haryana with the following objectives:

- To assess the expressed practices of pregnant women regarding nutritional needs during antenatal period.
- To find the association of expressed practices score of pregnant women variables regarding the nutritional needs to prevent anemia during antenatal period with the selected demographic variables.

MATERIALS AND METHODS

A non experimental study using Survey approach and descriptive research design was conducted for 60 pregnant women visiting the O.P.D for antenatal assessment at ESIC Hospital, Gurugram, Haryana who were present at the time of study, could read and write Hindi and were willing to participate in the research study while the women who were medical and paramedical professionals and were developing complications at the time of study were excluded from the research study. Purposive sampling technique was used to select the sample for the research study.

A validated structured questionnaire and checklist was developed to gather the demographic data and to assess the expressed practices of the women regarding prevention and management of nutritional deficiency anaemia during antenatal period. The reliability co-efficient for the structured expressed practices checklist was calculated by using the Split half method. The reliability co-efficient was found to be 0.714, thus the tool was found to be reliable. Ethical approval was taken from the Medical Superintendent of the Hospital to conduct the study. Written informed consent was taken from the study sample regarding their willingness to participate in the research study and the purpose for carrying out research study was explained to the participants. Confidentiality of the information of the sample was maintained. Data was analyzed by descriptive and inferential statistics i.e. frequency and percentage distribution, mean percentage, median of knowledge scores.

RESULTS

Frequency and percentage distribution of pregnant women according to their demographic data revealed that maximum(42%) pregnant women belongs to age 21-25years, (27%) of age 26-30year, 20% were of age <20years and very few (12%) were of age more than 30years. More than half (57%) pregnant women were multi gravida while less than half (43%) were primi gravida. Most (48%) of the pregnant women were living in nuclear family, less (38%) in joint family and very few (13%) were in living in extended family. Thirty seven (37%) pregnant women were educated till primary level, (28%) were illiterate, less (15%) were secondary educated, (13%) were graduate and above and very few (7%) were senior secondary educated. More than half (53%) pregnant women were house maker, (22%) were self-employed,(13%) were private employee and very few (12%) were government employee. maximum (55%) pregnant women were Hindu, (23%) were Muslim, (12%) were Christian, (10%) were Sikh and none was belong to others. shows maximum (45%) pregnant women belonged to monthly income of Rs.5000-10,000 , less (22%) belonged to monthly income of Rs.<5000,very less (18%) belonged to monthly income of Rs.15000-20000 and very few (15%) were belongs to >20000. Maximum (30%) pregnant women get knowledge from self study, (27%) from health care centre, (22%) from relatives and friends and mass media each. maximum (57%) pregnant women were living in urban area and (43%) in rural area. The data depicts that most (40%) of the pregnant women were non vegetarian, other (33%) were vegetarian and very few (10%) take all kind of food. Most of the husbands (43%) of pregnant women were primary school, other (42%) were illiterate, very less (10%) were graduate and above and very few (5%) were educated till secondary school. More than half (55%) pregnant women got married at the age of <20, less than half (43%) married at age of 21-25years, (2%) at age of 26-30years and none was get married at the age >30.

Table 1. Mean, Standard Deviation and Mean percentage of Expressed Practices Score

N=60

Descriptive Statistics	Range	Mean ± SD	Mean %
Practice Score	3-14	8.60 ± 2.17	57.3

Maximum Score = 15; Minimum Score=0

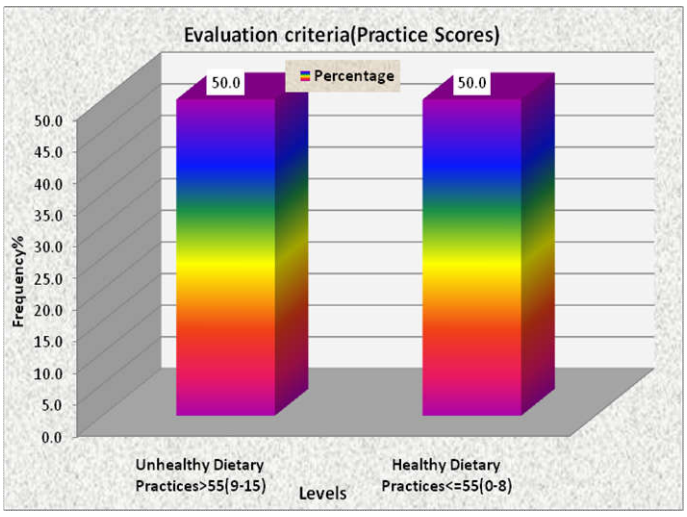

Figure 1. Percentage Distribution of Pregnant Women Based on Expressed Practices Scores

Table 2. Association of Expressed Practices Score of Pregnant Women with the Selected Demographic Variables Using Chi Square

Demographic Variables		Levels(N=60)		Association with PRACTICE Score				
Variable	Opts	Unhealthy Dietary Practices	Healthy Dietary Practices	Chi Test	P Value	df	Table Value	Result
Age in years	<20yr	4	8	4.619	0.202	3	7.815	Not Significant
	21-25yr	15	10					
	26-30yr	6	10					
	>30yr	5	2					
Gravida	Primi Gravida	11	15	1.086	0.297	1	3.841	Not Significant
	Multi Gravida	19	15					
Type of Family	Nuclear	16	13	2.354	0.308	2	5.991	Not Significant
	Joint	12	11					
	Extended	2	6					
Educational Status	Illiterate	3	14	13.618	0.009	4	9.488	Significant
	Primary School	11	11					
	Secondary School	6	3					
	Senior Secondary	3	1					
	Graduate and Above	7	1					
Occupation	House Maker	13	19	2.988	0.394	3	7.815	Not Significant
	Government Employee	5	2					
	Private Employee	5	3					
	Self Employed	7	6					
Religion	Hindu	15	18	1.082	0.781	3	7.815	Not Significant
	Muslim	7	7					
	Christian	4	3					
	Sikh	4	2					
	Others	0	0					
Monthly Family Income: (in rupees)	<5000	8	5	2.709	0.439	3	7.815	Not Significant
	5000-10000	11	16					
	15000-20000	5	6					
	>20000	6	3					
Source of Information	Self Study	9	9	0.404	0.939	3	7.815	Not Significant
	Mass Media	6	7					
	Relatives and Friends	6	7					
	Health care Centre	9	7					
Place of Residence	Urban	16	18	0.271	0.602	1	3.841	Not Significant
	Rural	14	12					
Dietary Pattern	Vegetarian	11	9	5.967	0.113	3	7.815	Not Significant
	Non Vegetarian	15	9					
	Eggetarian	2	8					
	All of Above	2	4					
Husband Education	Illiterate	12	13	1.040	0.792	3	7.815	Not Significant
	Primary School	13	13					
	Secondary School	1	2					
	Graduate and Above	4	2					
Age at the time of Marriage	<20	15	18	1.888	0.389	2	5.991	Not Significant
	21-25	15	11					
	26-30	0	1					
	>30	0	0					
Antenatal Registration done during	1st Trimester	23	20	0.828	0.661	2	5.991	Not Significant
	2nd Trimester	6	8					
	3rd Trimester	1	2					
Personal Habits	Smoking	4	9	3.271	0.195	2	5.991	Not Significant
	Alcoholism	1	0					
	Drugs	0	0					
	None of the Above	25	21					

The data also shows that maximum (72%) pregnant women were in first trimester, (23%) in second trimester and very few (5%) in 3rd trimester. Maximum (77%) pregnant women had no bad habits, other (22%) had habit of smoking while very few (2%) had habit of taking alcohol and none of them were drug addict. Data in Figure 1 shows half of the pregnant women i.e. 50% of antenatal mothers were following healthy dietary practices having range of 9-15 and same number (50%) of pregnant women expressed unhealthy dietary practices having range of 0-8. The unhealthy practices expressed by the pregnant women indicated that most of the pregnant women don't use iron utensils for cooking, they don't include much green leafy vegetables in their daily diet, most of them skip their meals, some of them of have habits of eating mud and charcoal, many women didn't start folic acid tablets before pregnancy, most of the pregnant women hadn't yet increased the consumption of citrus food and many female take iron tablets with milk or milk shakes. Table 1 depicts that pregnant women expressed practices lie in the Range of 3-14, mean ± SD (8.60 ± 2.17), and mean percentage (57.3). Data in Table 2 depicts that Chi-square test was used to find the association between knowledge score with selected demographic variables. The results indicated that there was a significant association between the knowledge score and educational status of pregnant women.

DISCUSSION

The present study shows that the majority (50%) of the pregnant women were having healthy dietary practices and 50% had unhealthy dietary practices which was in accordance to the findings of the study conducted by Jenevive P, D' Souza

J (2015) to assess the knowledge, self reported practices on prevention of Iron deficiency anaemia and to find the relationship between knowledge and practice which showed that the majority (58.3%) of participants had unfavourable practices with regard to iron deficiency anemia and its prevention.

Conclusion

Antenatal period is a crucial period for both mother and baby. Diet during pregnancy plays a very important role as when mother is provided with good nutritious diet during her pregnancy it will end up in delivery of a healthy baby. Nutritional problems during pregnancy impact not only on women's quality of life, but consequently on her newborn's wellbeing after delivery, her family members and community as well. The nutritional status of the mother is the most important determinant of pregnancy outcomes, including the birth weight of the newborn. The pregnant women expressed unhealthy dietary practices that can lead to various complications for women as well as their babies i.e. abortion, maternal mortality, IUGR, preterm baby etc. Hence the nurses must increase their efforts to impart more knowledge and create awareness on treatment to prevent anaemia in pregnancy. There should be mandatory preconception and antenatal counselling sessions for the women to identify the risk factors in pregnancy and structured teachings to reduce the enormous burden of anaemia in pregnancy.

REFERENCES

Anshu S, Rita P, Suman Garg, Prema R. 2007. Detection and management of anaemia in pregnancy in an urban primary health care institution. Nutrition Foundation of India and Defence Colony Maternity Centre. 32.

De Mayer EM, Tegman A. 1998. Prevalence of anaemia in the World. World Health Organ Qlty. 38: 302-16.

Deoki N. 2009. Strategies for effective implementation of National Programmes for prevention and control of anemia in Mothers and Children.

United Nations International Children Education Fund, World Food Programme, Ministry of Health and Non Governmental Organization partners. 2000. The State of the world's children: Literature review on maternal anaemia and iron supplementation. Islamabad. : Ministry of Health and Non Governmental Organizations.

Vijaynath K, Patil R, Jitendra, Patel A. 2010. Prevalence of anemia in pregnancy. *Indian journal of applied basic medical science.* 12B (15):45-50.

World Health Organization (WHO). 1992. The prevalence of Anemia in women: a tabulation of available information. Geneva, Switzerland: WHO.

Wright.D. 2009. Anemia in pregnancy. http://www. articlesbase.com/womens-health-articles/anemia-in-pregnancy-1541442.html.

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