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RESEARCH ARTICLE

A STUDY TO EVALUATE THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING FOOD TABOOS AMONG NORMAL PREGNANT MOTHERS IN SELECTED HOSPITALS, AT BIJAPUR

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ABSTRACT

Background: There were significantly high food taboos and its misconception all over the world irrespective religion, culture and country. Aims: To evaluate the existing knowledge and attitude of pregnant women regarding food taboos and its misconception during pregnancy and to find effectiveness of planned teaching program in enhancing knowledge and attitude of pregnant mothers regarding food taboos and its misconception.

Materials and methods: A pre-experimental study design was used to evaluate the knowledge and attitude of pregnant mothers. The sampling frame comprised individuals aged 18-36 years and simple random sampling was carried out. Respondents were given planned teaching program. Data was analyzed using SPSS 16. The effectiveness of planned teaching program is assessed using t-tests and the association is assessed using chi-square test.

Results: Mean pre-test and mean post-test knowledge score was 10.46 and 26.43 respectively and is highly significant. Mean pre-test and mean post-test attitude 83.63 & 115.75 respectively which is highly significant.

Conclusions: Study revealed that planned teaching program is effective in enhancing knowledge & improving the attitude pregnant mothers.

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INTRODUCTION

A Pre-experimental study design was adopted for the study. In this study the base measure was structured knowledge questionnaire used to assess the knowledge and Likert scale to assess the attitude of the normal pregnant mothers about Food taboo. The data for the study was collected at antenatal OPD of B.L.D, E Hospital, Bijapur. The study population was normal pregnant mothers. The sample was calculated by assuming the prevalence rate of knowledge and attitude of pregnant mothers, p=70%, Error=10%. The calculate sample size was 205. Normal pregnant mothers were selected by simple random sampling method. Ethical clearance was obtained from institutional ethical committee of B.L.D.E Hospital, Bijapur. After obtaining clearance pilot study was conducted before the start of the study to know the feasibility of the questionnaire. Pretest and posttest were conducted

regarding food taboos and its misconception after obtaining the informed consent from the participants.

Scoring system

In case of knowledge score, it consisted of 30 multiple choice knowledge questionnaires on general information regarding food taboos, hot food taboos, cold food taboos and other food taboos. Each correct answer was given a score of one and wrong answers a score of zero. The total possible score of the knowledge questionnaire was 30.

The knowledge of pregnant mothers was interpreted as follows:

Adequate knowledge - < 50%
Moderately Adequate - 50 to 75%
Adequate knowledge - ≥75%

In case of attitude score, it consisted of 27 attitudinal statements on strongly agree, agree, undecided, disagree, and strongly disagree, on the basis of five points Likert scale. There are 27 attitude statement, where a response of strongly

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agree was allotted a score of five and response of agree was allotted four, undecided three, disagree two and strongly disagree one.

The attitude of pregnant mothers was interpreted as follows:

- Negative Attitude - < 50%
- Neutral Attitude - 50 to 75%
- Positive Attitude \geq 75%

Operational definitions

- **Evaluate:** It refers to determine the significant worth or quality of planned teaching program regarding food taboos.
- **Effectiveness:** It refers to the significant difference in post level of knowledge score and attitude of pregnant mothers regarding food taboos.
- **Knowledge:** It refers to awareness regarding food taboos.
- **Attitude:** It refers to opinion, feeling and belief regarding food.
- **Food taboo:** It refers to prohibition of food under superstition misconception and misbelieves.

RESULTS

Table 1. Existing level of knowledge of pregnant mother

Level of knowledge	Scores	Normal pregnant mothers			
		Pre-test (f)	Percentage (%)	Post test (f)	Percentage (%)
Inadequate	< 50%	164	80.0	64	31.2
Moderately adequate	50-75%	27	13.2	50	24.4
Adequate	>75%	14	6.8	91	43.4
Total		205	100	205	100

Table 2. Existing level of attitude of pregnant mother

Level of knowledge	Scores	Normal pregnant mothers			
		Pre-test (f)	Percentage (%)	Post test (f)	Percentage (%)
Negative attitude	< 50%	144	70.0	60	29.3
Neutral adequate	50-75%	41	20.0	55	26.8
Positive Adequate	>75%	20	10.0	90	43.9
Total		205	100	205	100

Table 3. Paired t-tests to evaluate effectiveness of planned teaching programme regarding knowledge and attitude of pregnant mother

Knowledge					
Paired Differences			t	df	Sig. (2-tailed)
Mean	Std. Deviation	Std. Error Mean			
-15.95	5.4992	0.502	-31.79	119	< 0.0001*
Attitude					
Paired Differences			t	df	Sig. (2-tailed)
Mean	Std. Deviation	Std. Error Mean			
-32.12	5.12	0.861	-63.12	119	<0.0001*

Table 4. Association between knowledge and attitude of pregnant mothers before planned teaching program

Knowledge	Attitude						Chi-square p-value
	Negative		Neutral		Positive		
	No	%	No	%	No	%	
Inadequate	85	51.8	60	36.5	19	11.5	164
Moderately Adequate	00	00	17	62.9	10	37.1	27
Adequate	00	00	03	21.4	11	78.6	14

Table 5. misconception about saffron during pregnancy

Misconception	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	Fr	%	Fr	%	Fr	%	Fr	%	Fr	%
Saffron consumption results in fairer skin	34	16.6	17	8.3	26	12.7	68	33.1	60	29.3

DISCUSSION

Out of 205 normal pregnant mothers, in pre- test score, 164(80.0%) were having inadequate knowledge, 27(13.2%) mothers had moderately adequate knowledge & there were 14(6.8%) pregnant mother who had adequate knowledge regarding food taboos. In post test score 64(31.2%) mothers had inadequate knowledge & 50(24.4%) had moderately adequate knowledge and there were 90(31.7%) pregnant mothers with adequate knowledge regarding food taboos. Out of 205 normal pregnant mothers, in pre- test score, 144(70%) were having negative attitude, 41(20.0%) mothers had neutral attitude & there were only 20(10.0%) of mothers had positive attitude regarding food taboos. In post test score 90(43.9%) mothers had positive attitude & 55(26.8%) had neutral attitude and there were 60(29.3) mothers with negative attitude regarding food taboos.

The mean paired difference between pretest and post test knowledge score of pregnant mothers was -15.95 with paired difference in standard deviation was .54992, t-value was -31.79 with p-values less than 0.0001 which was highly significant indicating that planned teaching programme was effective in proving the knowledge of pregnant mother

The mean paired difference between pretest and post test attitude score was -32.12 with paired difference in standard deviation was 5.12, t-value was -63.12 with p-values less than 0.0001 which was highly significant indicating that planned teaching programme was effective in proving the attitude of pregnant mothers

Before planned teaching program, 164 pregnant mothers had inadequate knowledge out of which 85(51.8%) pregnant mothers had negative attitude, 60(36.5%) of pregnant mothers had neutral attitude and only 19(11.5%) had positive attitude. Out of 27 pregnant mothers whose knowledge is adequate among them 17(62.9%) had neutral attitude, 10(37.1%) had positive attitude and there were no pregnant mothers with negative attitude. only 14 pregnant mothers had adequate knowledge out of which 3(21.4%) had neutral attitude, 11(78.6%) had positive attitude and there were no respondents with negative attitude. Most of the pregnant mothers had misconception that saffron consumption result in fairer colour of new born. From our study we conclude that large proportion of population still has misconception regarding food during pregnancy. Knowledge of pregnant mothers can be improved with the help of planned teaching program. There are very less number of studies which were carried out in India regarding food taboos and its misconception during pregnancy.

There is need for some more research on traditional, cultural and regional food taboos during pregnancy.

Conclusion

Difference between pretest and post test knowledge score of pregnant mothers was highly significant. There was high significant difference between pretest and post test attitude score. Therefore planned teaching program was effective in enhancing the knowledge as well as improving the attitude of pregnant mothers. There was high association between knowledge and attitude of pregnant mothers regarding food taboos. As knowledge improves attitude of pregnant mothers will also increases.

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