Impact of nutrition education programmes on pregnant and lactating women in Sultanpur district

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Nutrition education is any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food- and nutrition-related behaviours conducive to health and well-being. Nutrition education is delivered through multiple venues and involves activities at the individual, community, and policy levels. Nutrition education is a mechanism to enhance awareness, as a means to self-efficacy, surrounding the trigger of healthy behaviour. Nutrition education programmes endeavour to improve participants' dietary intakes during pregnancy by promoting balanced diet. Since the demands for specific nutrients during pregnancy and lactation are directly depend on a mother's intake. Suboptimal level of these crucial nutrients during pregnancy may increase the risk of adverse pregnancy outcomes such as neural tube defects, early fatal loss, preeclampsia, low birth weight and maternal mortality. Although poor dietary intake is a common cause of micronutrient deficiencies, the root cause is linked with low socioeconomic status and lack of knowledge about healthy eating patterns. This study was performed to determine the impact of nutrition education programmes on pregnant and lactating women in Sultanpur district . For the research survey method was used for the collection of data. Result show that maximum women were positive impact of nutrition education programmes.

Key Words : Overwhelming, Intervention, Trigger, Maternal, Mortality

How to cite this article : Agrahari, Kiran and Yadav, Vandana (2018). Impact of nutrition education programmes on pregnant and lactating women in Sultanpur district. *Food Sci. Res. J.,* **9**(1): 38-41, **DOI : 10.15740/HAS/FSRJ/9.1/38-41**.

INTRODUCTION

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 (Jones and Bartlett, 2007). Nutrition education programs endeavour to improve participants' dietary intakes during pregnancy by promoting balanced diet (Atrash *et al.*, 2006)

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Overwhelming 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. However to what extent the knowledge and practice of pregnant women improved by nutrition education interventions in Ethiopia remain largely unknown.

Across all cultures, a healthy baby and mother are cherished dreams and hopes of all families. However, besides emphasizing on pregnancy and birth outcomes, considering the different stages of women's health, that is, during infancy, adult life, preconception period, pregnancy, lactating phase (a life course perspective) is essential to reduce risk of any pregnancy related complications and deaths as well as to eradicate disparities

through enhanced health promotion and disease prevention.

Objectives :
– To assess the health status of the respondents.
– To impart the nutrition education among the women regarding improving diet, physical activity and overall health of women.

METHODOLOGY

Scientific methodology is necessary for a successful study as it directly indicates words the authenticity of the research and attempt has been made to provide to detail of methods and techniques devices and procedure applied for conducting the research. A present study on the Impact of Nutrition Education Programmes On Pregnant And Lactating Women in Sultanpur District was carried out.

Research design:
Selection of location :
The location of study was Sultanpur district .

Sample size :
Sample size consisted of 100 adults women of Sultanpur district .

Questionnaire preparation :
A self prepared questionnaire was used for collecting the relevant information regarding the study and random sampling was used .

Statistical analysis :
The collection of data were analyzed with the help of the following way.
Percentage % = n/Nx100
n = Number of respondents
N = Total number of observation

Methods of enquiry and collection of data :
Survey methods were adopted in order to collect the data from the selected respondents with the help of developed questionnaire schedule . The schedule included aspects which led to the fulfilment of the objectives of this study .
The schedule included the following information :
– General information.

– Nutritional status through anthropometric measurement
– Dietary information

General profile :
Data regarding general profile of respondents were collected using the first part of the schedule .This section covered the aspects including respondents name, age and sex, religion, status, types of family, income, educational level and all these are important for knowing the respondents socio-economic status. The age of each respondents was ascertained with the help of their date of birth.

Dietary survey :
A dietary survey was conducted as described by Srilakshmi (2005). The foods consumption frequency was recorded in terms of cereals, pulses, milk, and milk products ,green leafy vegetables, roots and tubers, fruits, meats and poultry, fats and oils and sugar. Diet surveys constitute an essential part of any complete study of nutritional status of individuals or groups, providing essential information on nutrient intake levels, sources of nutrients, food habits and attitudes. The nutrient intake of the subjects was calculated for calories, protein, fat, calcium, iron, vitamin A, vitamin C and thiamine. The nutrient intake was calculated using the food composition tables by Gibson (1990) and compared with the ICMR standard values. Eating habits and dietary pattern of the respondents were recorded.

Anthropometric measurement :
Anthropometric measurement of various physical dimensions. Hence, anthropometric measurements are useful criteria for assessing nutritional status. The anthropometric measurements included height (cm) and weight (kg) which were recorded using the procedure prescribed by Gibson (1990).

Height measurement :
Height (cm) of the subjects was the helps of a measuring tape by sticking it on the wall. The subjects were made to stand erect, looking straight, buttocks, shoulder and head touching the wall, heels together, toes, apart and hand hanging loosely by the sides, height (cm) was recorded in centimetres.

Weight :

The personal weighing machine of maximum capacity of 120 kg and the minimum division of 0.5 kg was used to weight all the subjects and scale was sat to zero. The respondents were made to stand erect on the weighting scale without foot wear, not leaning against to zero after each measurement.

OBSERVATIONS AND ASSESSMENT

The data collection of the different aspect per plan was tabulated and analyzed statistically. The result from the analysis are presented and discussed below.

Table 1 shows that maximum 93 % of respondents consumed pulses everyday, while minimum 7 % of respondents did not consume pulses. Table 1 distribution of respondents on the basis of daily consumption of pulses.

Table 1 : Distribution of respondents on the basis of their response consume pulses everyday

Consume pulses everyday	Frequency n=100	Percentage %
Yes	93	93
No	7	7
Total	100	100

Table 2 shows that maximum 93 % of respondents consumed pulses everyday, while minimum 7 % of respondents did not consume pulses.

Table 2 : Distribution of respondents on the basis of daily consumption of pulses

Consume pulses everyday	Frequency n=100	Percentage %
Yes	93	93
No	7	7
Total	100	100

Table 3 shows that maximum 71 % of respondents consumed milk everyday while minimum 29 % of respondents did not consume milk.

Table 3 : Distribution of respondents on the basis of their daily consumption of milk

Daily milk consumption	Frequency n=100	Percentage %
Yes	71	71
No	29	29
Total	100	100

Table 4 shows that maximum 76% of respondents included jaggery and jaggery products in their diet while 24% of respondents did not included jaggery and jaggery products in their diet.

Table 4 : Distribution of respondents on the basis of consumption of jaggery and its products in the diet

Include Jaggery and jaggery products in a diet	Frequency n=100	Percentage %
Yes	76	76
No	24	24
Total	100	100

Table 5 shows that maximum 69% of respondents took sour food daily while minimum 31% of respondents did not taking sour foods.

Table 5 : Distribution of respondents on the basis of consumption of sour foods daily

In take sour food	Frequency n=100	Percentage %
Yes	69	69
No	31	31
Total	100	100

Table 6 shows that maximum 85% of respondents were did not their meals while 15% of respondents were skipped their meals.

Table 6 : Distribution of respondents on the basis of skipping of meals

Do you ever skip your meals	Frequency n=100	Percentage %
Yes	15	15
No	85	85
Total	100	100

Table 7 shows that maximum 87% of respondents ate 3-4 times in a day and 7% of respondents ate 5-6 times in a day while 6% of respondents ate less than 2 times.

Table 7 : Distribution of respondents on the basis of frequency of eating in a day including meals and snacks

Times of eating in a day includes meals and snacks	Frequency n=100	Percentage %
Less than 2	6	6
3-4	87	87
5-6	7	7
Total	100	100

Table 8 shows that maximum 73% of respondents had no problem in teeth or gums since they became

Table 8 : Distribution of respondents on the basis of problems in teeth or gums since they became pregnant

Problem in teeth or gums since they become pregnant	Frequency n=100	Percentage %
Yes	27	27
No	73	73
Total	100	100

pregnant while minimum 27% of respondents had some problem in teeth or gums during pregnancy.

Table 9 shows that maximum 74% of respondents had no health problem while 26% of respondents had some health problems.

Table 9 : Distribution of respondents on the basis of any health problem

Any health problem	Frequency n=100	Percentage %
Yes	26	26
No	74	74
Total	100	100

Table 10 shows that maximum 61% of respondents took the advice of their doctor during pregnancy while 39 % of the respondents did not take the advise of the doctor.

Table 10 : Distribution of respondents on the basis of advice of doctor during pregnancy

Seen your doctor since you become pregnant	Frequency n=100	Percentage %
Yes	61	61
No	39	39
Total	100	100

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