ORIGINAL RESEARCH

Explore nutritional practices in Primipara women residing in rural population of Lucknow

[1]Dr. Neha Shukla, [2]Dr. Vandana Verma

[1,2]Associate Professor, Department of Community Medicine, Career Institute of Medical Sciences and Hospital, Lucknow, Uttar Pradesh, India

Corresponding Author
Dr. Vandana Verma
Associate Professor, Department of Community Medicine, Career Institute of Medical Sciences and Hospital, Lucknow, Uttar Pradesh, India

ABSTRACT
Background: The present study was conducted for exploring nutritional practices in Primipara women residing in rural population of Lucknow. **Materials & methods:** Data collection was achieved through focused group discussions and interviews. In-depth interviews were employed to explore the underlying reasons, opinions, and motivations associated with the specific dietary practices observed during pregnancy. The target population in the selected area comprised 71,250 individuals, with the health post overseeing this region reporting a monthly registration of approximately 20 to 25 ante-natal cases. Total sample size for the present study was 50. The study specifically included females who were primigravida and had resided in this rural locality for at least one year. Home visits were conducted to engage with these women. Prior to the focus group discussions and in-depth interviews, verbal consent was obtained. The in-depth interviews were recorded for accuracy. The resulting data were transcribed, organized, and analyzed, leading to the generation of potential codes followed by an open-coding process. **Results:** Mean age of the patients was 29.5 years. 24 percent and 22 percent of the patients were illiterate and educated upto primary education.30 percent and 12 percent of the patients were educated upto secondary education and graduation. Majority proportion of patients belonged to middle class of socioeconomic status. The possible motivators and barriers to healthy food intake in ANC period, 4 themes were framed- Knowledge, Social Obstacles, Personal Impediments and Social Facilitators.Numerous elderly individuals and family members who support primiparous women during their pregnancy often lack awareness regarding essential healthy dietary practices. In light of this, a dietary framework tailored for these pregnant women is being developed. Due to low literacy levels and the limited empowerment of women in our society, adherence to this dietary regimen becomes a necessity. Thus, proper knowledge can serve as a catalyst for promoting a healthy diet, while inadequate information may hinder it. Social barriers significantly influencing the dietary habits of antenatal care mothers include religious taboos and longstanding, unexamined food traditions. **Conclusion:**Numerous misconceptions exist concerning the dietary choices and eating habits adopted during the antenatal care (ANC) period. These practices are often reinforced by community norms and familial influences, leading to their widespread adoption.
Key words: Primipara, Nutritional, Maternal

INTRODUCTION

Maternal undernutrition remains a significant public health issue worldwide, primarily due to its detrimental effects on the health outcomes of mothers and their offspring. Although there are well-documented, evidence-based strategies to address this issue, progress in mitigating maternal undernutrition has been limited, particularly in the South Asian region.[1, 2] The global prevalence of low body mass index (BMI <18.5) among mothers is concerning, ranging from 10% to 20%, but it escalates to a staggering 30% to 40% in South Asia. Furthermore, approximately 38% of pregnant women worldwide, equating to around 32 million individuals, are affected by anaemia, with South Asia exhibiting the highest rates and total cases of anaemia. Projections indicate that, based on current global patterns, it may take around 60 years for anaemia rates to decrease to 15%, while in South Asia, this reduction could extend beyond a century. This situation underscores the urgent need to prioritize maternal nutrition and enhance the execution of existing intervention programs.[3, 4]

India bears a significant share of the global undernutrition crisis, with maternal health indicators reflecting particularly adverse conditions at the onset of pregnancy. Approximately one-third of women in India and 45% of adolescent girls present with a low body mass index (BMI), placing them at heightened risk as they enter pregnancy. The average weight gain during pregnancy for Indian women is merely 7 kg, which falls short of the recommended range of 10–12 kg. Furthermore, over half of both pregnant women and non-pregnant women in India are affected by anaemia, and efforts to combat this condition have seen only gradual progress over the past decade.[5, 6] Hence; the present study was conducted for exploring nutritional practices in Primipara women residing in rural population of Lucknow.

MATERIALS & METHODS

Data collection was achieved through focused group discussions and interviews. In-depth interviews were employed to explore the underlying reasons, opinions, and motivations associated with the specific dietary practices observed during pregnancy. The target population in the selected area comprised 71,250 individuals, with the health post overseeing this region reporting a monthly registration of approximately 20 to 25 ante-natal cases. Total sample size for the present study was 50.The study specifically included females who were primigravida and had resided in this rural locality for at least one year. Home visits were conducted to engage with these women. Prior to the focus group discussions and in-depth interviews, verbal consent was obtained. The in-depth interviews were recorded for accuracy. The resulting data were transcribed, organized, and analyzed, leading to the generation of potential codes followed by an open-coding process.All the results were recorded in Microsoft excel sheet and were subjected to statistical analysis using SPSS software.

RESULTS

Mean age of the patients was 29.5 years. 24 percent and 22 percent of the patients were illiterate and educated upto primary education.30 percent and 12 percent of the patients were educated upto secondary education and graduation. Majority proportion of patients belonged to middle class of socioeconomic status. The possible motivators and barriers to healthy food intake in ANC period, 4 themes were framed- Knowledge, Social Obstacles, Personal Impediments and Social Facilitators.Numerous elderly individuals and family members who support primiparous women during their pregnancy often lack awareness regarding essential healthy dietary practices. In light of this, a dietary framework tailored for these pregnant women is being developed. Due to low literacy levels and the limited empowerment of women in our society, adherence to this dietary regimen becomes a necessity. Nevertheless, valuable advice often emerges from family sources; for instance, the inclusion of green leafy vegetables to prevent anemia, as well as increased consumption of milk and fluids, are integral components of the regular dietary plan for primiparous women, which is consistently maintained throughout their pregnancy. Thus, proper knowledge can serve as a catalyst for promoting a healthy diet, while inadequate information may hinder it. Social barriers significantly influencing the dietary habits of antenatal care mothers include religious taboos and longstanding, unexamined food traditions.

Table 1: Demographic data

Demographic data	Number	Percentage
Mean age (years)	29.5 years	
Illiterate	12	24
Educated upto primary	11	22
Educated upto secondary	15	30
Upto graduation	6	12
Upto post-graduation	6	12
Lower class of SES	17	34
Upper middle class of SES	15	30
Lower middle class of SES	18	36

SES: Socio-economic status

DISCUSSION

Nutrition during pregnancy plays a crucial role in the health of infants, children, and mothers. While adequate nutrition is essential throughout all life stages, the nutritional requirements are particularly elevated for pregnant and lactating women due to increased metabolic demands for various nutrients. Maternal undernutrition is characterized by a body mass index (BMI) of less than 18.5 kg/m² or a mid-upper arm circumference of less than 23 cm. In 2021, it was reported that approximately one-third of pregnant women faced undernutrition in developing countries, with a higher prevalence noted among those living in rural regions compared to urban areas. Furthermore, around 53% of pregnant women were found to have insufficient dietary diversity, which is measured by the variety of food groups consumed over a specified timeframe. The primary factors contributing to undernutrition among pregnant and breastfeeding women include poverty, food insecurity, limited access to nutrient-dense foods, poor dietary quality, and inadequate nutritional intake.[6-8]Hence;

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CONCLUSION
Numerous misconceptions exist concerning the dietary choices and eating habits adopted during the antenatal care (ANC) period. These practices are often reinforced by community norms and familial influences, leading to their widespread adoption.

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