

# Asian Resonance

## Nutritional Attitude Among Rural and Urban Pregnant Women



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**Abstract**

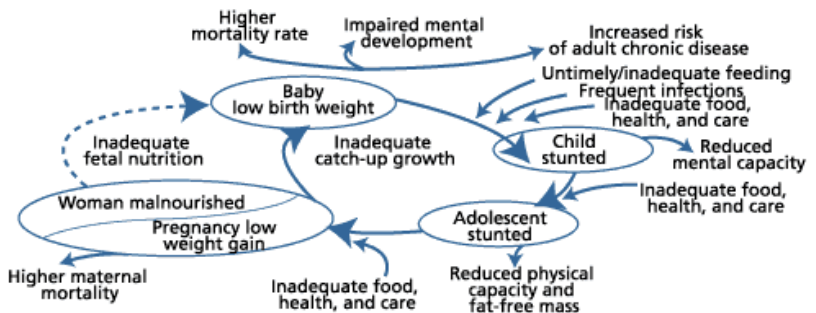
The health of a pregnant mother and her nutritional status can affect the health and survival of the growing foetus due to the biological link between her and her child. Pregnancy is an important condition for improving nutritional knowledge. This study was conducted to find out the attitude towards nutritional status among pregnant women of district Gorakhpur, U.P. A random sample of 60 (30 urban and 30 rural) pregnant women were selected from three rural and three urban settlements of Gorakhnath block of District Gorakhpur (U.P.) for this study. Data was collected using a self structured questionnaire using five point Likert Scale. Findings indicated that the attitude level of urban pregnant women towards nutrition is higher than rural pregnant women.

**Keywords :** Attitude, Pregnant Women, Health, Nutrition

**Introduction**

A healthy and balanced diet is quite important in life time and during pregnancy in particular. Reproduction is an intrinsic part in the cycle of life. The health of women is linked to their status in the society. The demographic consequence of the women has formed vital forms such as female infanticide, higher death rate, lower sex ratio, low literacy level and lower level of employment of women in the rural sector as compared to urban women. Pregnant women form one of the most vulnerable segments of the population from nutritional point of view.

Adequate nutrition, a fundamental cornerstone of any individual's health, is especially critical for women because inadequate nutrition wreaks havoc not only on women's own health but also on the health of their children. Children of malnourished women are more likely to face cognitive impairments, short stature, and lower resistance to infections, and a higher risk of disease and death throughout their lives. (See figure 1)



Nutritional problems have serious public health significance impacting psychological, physical, developmental behavioural and work performance of pregnant women. Nutritional problem may be caused not only by deficiency of protein, calorie, iron, and vitamin but by other conditions like malaria, worm infestation, adverse environmental and socio-demographic factors.

Maternal nutrition before and during pregnancy is an important determinant of birth weight. In developing countries such as Nigeria, it is paramount to states that low birth weight stems primarily from the mother's poor health and nutrition and inadequate nutrition during pregnancy accounts for a large proportion of growth retardation.

The health of the mother and her nutritional status can influence the health and survival of the child because of the biological links that exist between her and her child during pregnancy and lactation.

While malnutrition is prevalent among segments of the population, poor nutritional among, begins infancy and continues throughout their lifetime. Because of prevailing culture and traditional practices in India the

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health and nutritional status of women becoming worse affected.

### Objective of the Study

To find out the level of Nutritional attitude among rural and urban pregnant women.

### Hypothesis

There is no significant difference in the level of attitude between urban and rural pregnant women.

### Limitation of the Study

Rural areas under three blocks i.e. Nakha Sector-1, Nakha Sector-2 and Khajni were selected whereas three urban areas i.e. Gorakhnath, Bargadwa and Basaratpur were selected under Gorakhpur District of Uttar Pradesh.

### Method

A general survey method was used for the study.

### Sampling

A sample of 60 (30 rural and 30 urban) pregnant women were selected from three village and three urban settlements of Gorakhnath block of district Gorakhpur (U.P.) using random sampling method.

### Tools

For the collection of data, interview schedule (self structured) was used.

### Results and Discussion

#### Analysis of Data

#### Statement 1. Iodine Rich Salt should be used During Pregnancy?

Table 1

Respon	No	Mean(m)	Standard Deviation (SD)	"t"
Urban	30	3.77	0.94	3.92 (S)
Rural	30	2.77	1.04	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

Data from the table 1 shows that calculated mean of 't' is 3.92 which is significant at 0.05 level. On the basis of calculated mean from the above statement, the attitude level of urban pregnant women is higher than rural pregnant women.

#### Statement 2. Iron Salt Rich Food Should be Used During Pregnancy?

Table 2

Respondent	Number	Mean (M)	Standard Deviation (SD)	"t"
Urban	30	3.73	0.91	4.08 (S)
Rural	30	2.87	0.73	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

It is revealed from the table 2 that calculated mean of 't' is 4.08 which is significant at 0.05 level. In this way on the basis of calculated mean from the above statement, the attitude level of urban women is higher than rural.

#### Statement 3. Balanced Diet should be Taken During Pregnancy?

Table 3

Respondent	Number	Mean (M)	Standard Deviation (SD)	"t"
Urban	30	3.97	0.89	0.16 (NS)
Rural	30	3.93	0.69	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

Data revealed that calculated mean of 't' is 0.16 which is not significant at 0.05 level. In this way on the basis of calculated mean from the above statement, the attitude level is in favour of rural pregnant women among urban and rural respondents.

#### Statement 4. Oily Edibles should be Prohibited During Pregnancy?

Table 4

Respondent	Number	Mean (M)	Standard Deviation (SD)	"t"
Urban	30	4.27	0.64	6.49 (S)
Rural	30	2.90	0.96	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

Data of table 4 shows that calculated mean of 't' is 6.49 which is significant at 0.05 level. In this way on the basis of calculated mean from the above statement, the attitude level is in favour of urban pregnant women among urban and rural respondents.

#### Statement 5. Nutritional Needs During Pregnancy should be Adopted?

Table 5

Respondent	Number	Mean (M)	Standard Deviation (SD)	"t"
Urban	30	4.47	0.51	2.45 (S)
Rural	30	4.00	0.91	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

Table 5 shows that calculated mean of 't' is 2.45 which is significant at 0.05 level. In this way on the basis of calculated mean from the above statement, the attitude level is in favour of urban pregnant women among urban and rural respondents.

#### Statement 6. Pregnant woman should Take Extra Food?

Table 6

Respondent	Number	Mean (M)	Standard Deviation (SD)	"t"
Urban	30	3.90	0.71	6.21 (S)
Rural	30	2.53	0.97	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

In the above table calculated mean of 't' is 6.21 which is significant at 0.05 level. In this way on the basis of calculated mean from the above statement, the attitude level is in favour of urban pregnant women among urban and rural respondents.

#### Statement 7. Deficiency of Iron Folate During Pregnancy may Cause Anemia Disease?

Table 7

Respondent	Number	Mean (M)	Standard Deviation (SD)	"t"
Urban	30	3.63	0.89	5.05 (S)
Rural	30	2.47	0.90	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

Data from the table revealed that calculated mean of 't' is 5.05 which is significant at 0.05 level. In this way on the basis of calculated mean from the above statement, the attitude level is in favour of urban pregnant women among urban and rural respondents.

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**Statement 8. Pregnant Women Having Much Weight Before Pregnancy Should Take Precautions to Increase Calorie?**

**Table 8**

Respondent	Number	Mean (M)	Standard Deviation (SD)	"t"
Urban	30	4.30	0.47	4.64 (S)
Rural	30	3.37	1.00	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

It is revealed from the table 8 that calculated mean of 't' is 4.64 which is significant at 0.05 level. In this way on the basis of calculated mean from the above statement, the attitude level is in favour of urban pregnant women among urban and rural respondents.

**Statement 9. Green Vegetables Should be Taken During Pregnancy?**

**Table 9**

Respondent	Number	Mean (M)	Standard Deviation (SD)	"t"
Urban	30	4.50	0.51	3.34 (S)
Rural	30	4.00	0.64	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

It is shown in table 9 that calculated mean of 't' is 3.34 which is significant at 0.05 level. In this way on the basis of calculated mean from the above statement, the attitude level is in favour of urban pregnant women among urban and rural respondents.

**Statement 10. Nutritional Status at the Time of Pregnancy doesn't Effect the Infant?**

**Table 10**

Respondent	Number	Mean (M)	Standard Deviation (SD)	"t"
Urban	30	4.50	0.51	3.66 (S)
Rural	30	3.97	0.61	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

It is revealed from the table that calculated mean of 't' is 3.66 which is significant at 0.05 level. In this way on the basis of calculated mean from the above statement, the attitude level is in favour of urban pregnant women among urban and rural respondents.

**Statement 11. Fibrous food should be included in the diet during pregnancy?**

**Table 11**

Respondent	Number	Mean (M)	Standard Deviation (SD)	"t"
Urban	30	3.30	1.09	2.55 (S)
Rural	30	2.60	1.04	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

In the above table the calculated mean of 't' is 2.55 which is significant at 0.05 level. In this way on the basis of calculated mean from the above statement, the attitude level is in favour of urban pregnant women among urban and rural respondents.

**Statement 12. Sprouted Meal and Cereals should be Consumed During Pregnancy?**

**Table 12**

Respondent	Number	Mean (M)	Standard Deviation (SD)	"t"
Urban	30	4.07	0.74	4.10 (S)
Rural	30	3.07	1.11	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

Data from table 12 shows that calculated mean of 't' is 4.10 which is significant at 0.05 level. In this way on the basis of calculated mean from the above statement, the attitude level is in favour of urban pregnant women among urban and rural respondents.

**Statement 13. Quality and Quantity of Food should be Increased During Pregnancy?**

**Table 13**

Respondent	Number	Mean (M)	Standard Deviation (SD)	"t"
Urban	30	3.90	0.71	5.82 (S)
Rural	30	2.70	0.88	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

Table 13 shows that calculated mean of 't' is 5.82 which is significant at 0.05 level. On the basis of calculated mean from the above statement, the attitude level is in favour of urban pregnant women among urban and rural pregnant women.

**Statement 14. Nutritional status before Pregnancy may Effect Pregnant Woman?**

**Table 14**

Respondent	Number	Mean (M)	Standard Deviation (SD)	"t"
Urban	30	4.23	0.68	5.23 (S)
Rural	30	3.07	1.01	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

Table 14 represent that calculated mean of 't' is 5.23 which is significant at 0.05 level. On the basis of calculated mean from the above statement, the attitude level is in favour of urban pregnant women than rural pregnant women.

**Statement 15. Chalk, Soil, Sand etc. should't be taken by Pregnant Woman?**

**Table 15**

Respondent	Number	Mean (M)	Standard Deviation (SD)	"t"
Urban	30	4.60	0.50	4.27 (S)
Rural	30	4.00	0.59	

Degree of Freedom (df) = 58, required "t" at 0.05 level, 1.67

The above table shows that calculated mean of 't' is 4.27 which is significant at 0.05 level. Calculated mean from the above statement represents that the attitude level is higher in urban pregnant women than rural.

**Testing of Hypothesis**

Based on the analysis of the study hypothesis on statement 3 i.e. Balanced diet should be taken during pregnancy? have been approved while on all other 14 statements, it is rejected.

## Conclusion

The level of attitude of urban pregnant women regarding health and nutritional issues (use of iodised salt, having balanced diet, extra food intake, enhancing calorie level, water intake during pregnancy, having fibrous food, precautions taken in food intake etc.) was higher in comparison to rural pregnant women. It was revealed that Cultural beliefs, adequacy of ignorance, forgetfulness due to excessive work load, religious and traditional beliefs, illiteracy, not having good socio-economic status, lack of communication facilities, family attitude and environment, poverty, not visiting antenatal clinic, lack of social mobility are the main factors behind the poor attitude level of rural pregnant women.

## Suggestions

Findings from the study raised the issue of health awareness studies as some suggestions are given below-

1. Educational interventions and health awareness activities should be increased specially in rural and remote areas of the country so that the pregnant women may be aware regarding their health.
2. Health and Nutrition awareness campaign should be organized in rural areas in order to enhance their awareness and attitude level.
3. Regular awareness program may be conducted; Government and non-government organizations should be integrated, more in pre and post nutritional issues during pregnancy.
4. Studies are needed to explore the level of awareness of unmarried women towards health and nutrition.

5. Studies are needed to find out the level of practice of married women towards their health and nutrition.
6. Studies are needed to explore Knowledge, Attitude and Practices of rural community towards different aspects of health dimension.

## References

1. Madhvi, L.H., Singh, HKG. (2011), 'Nutritional status of rural pregnant women, People's Journal of Scientific Research, 4(2): 20-23.
2. Balkrishna, N., Rao, K., Mallikharjuna, Erlappaa, M, Laxmaian & Brahman, GN. (2010), 'Diet & Nutritional status of women in India', J. Hum. Col, 29(3):165-170.
3. Ogunjuyigbe P, Ojofietimil EO, Sanusi RA, Akinlo AA, Liasu SA, Owolabi OO (2008), 'Food Aversion during Pregnancy may Cause Poor Pregnancy Outcome in Nigeria'.
4. Hareyan, A. (2005), 'Psychological factors on diet during pregnancy', Hopkin Bloomberg School of public health, USA. John. Pp. 200-210.
5. Ogunjuyibe P. (2000), 'Pregnancy risk and child delivery: Strategies for prevention in Nigeria', African Journal of Development studies, Port Harcourt, 1(1):106-112.
6. World Health Organization, 'The prevalence of anemia in women: a tabulation of available information', 2nd Edn., WHO, Geneva, 1992.
7. Chaterjee, N. (1990), 'Indian women, their health and economic productivity', World Bank discussion paper, 109, Washington, D. C: World Bank.