# A Study To Assess The Effectiveness Of Structured Teaching Programme Regarding Food Taboos Among Primi Mothers At MCH Centre, Tirupathi.

Mrs. Dr.M. Sreelatha M.Sc (N).,Ph.D (N)., Mrs.S.Sandhya rani<sup>2</sup>,Mrs.Dr.P.sudha rani M.Sc (N).,Ph.D.,<sup>3</sup>

<sup>1</sup>M.Sc(N)., Ph.D(N), Asst Professor, Community Health nursing, College of nursing, SVIMS, Tirupathi.

<sup>2</sup>M.sc(N), College of Nursing, SVIMS, Tirupathi.

<sup>3</sup> Principal, College of Nursing, SVIMS, Tirupathi...,

\*\*Corresponding Author: Mrs. Dr.M. Sreelatha M.Sc (N)., Ph.D (N)

**Abstract:** Pregnant women avoid specific foods due to several reasons. Pregnancy is viewed as a critical period in the life of women and is usually subjected to a number of food taboos as a way of safeguarding their lives and that of the unborn baby. This study was designed to assess the effectiveness of programme regarding food taboos among primi mothers at MCH, centre tirupathi.

Material and Methods: pre-experimental one group pre test post test design was used. Convenient sampling method was applied to choose 60 primi mothers who are attending MCh centre tirupathi. Through interview schedule the data was collected for pre and post test. Structured teaching programme was administered within the same day of pre test after one week post test was done.

**Results:** In pre test 45(75%) study subjects had inadequate knowledge. Were as in post test 38(63.66%) study subjects had adequate knowledge. In this study it was identified that there was significant association between the knowledge score and socio demographic variables at p < 0.01 level and p < 0.05 level. The present study revealed that structured teaching programme had improved knowledge regarding food taboos among primi mothers.

**Key words:** Effectiveness, food taboos, primi mothers.

Date of Submission: 07-10-2019 Date of Acceptance: 22-10-2019

Sale of Submission. 07 to 2017

### I. Introduction

Pregnancy imposes the need for considerable extra calorie and nutrient requirements. A balanced and adequate diet is therefore, of utmost importance during pregnancy to meet the increased needs of the mother, and to prevent "nutritional stress". In various studies it was seen that pregnant women in various parts of the world are forced to abstain from nutritious foods as a part of their traditional food habits. Pregnant women avoid specific foods due to several reasons. Some pregnant women avoid foods as a result of a strong dislike (aversion) developed following pregnancy. Other women avoid on medical grounds. In developing countries, however, a substantial number of pregnant women avoid specific foods due to cultural beliefs or impositions. The practice of avoidance of foods due to cultural food beliefs is referred to as food taboos. Traditional belief and religious restrictions, prohibitions and prejudices which make a pattern of consumption of certain foods and food products. Food taboos are also termed as food fads and fallacies, and vary with cast and creed. As a result of wrong and unscientific belief, a number of foods are excluded from the list of food items by people of many religions and society.

### **II.** Material And Methods

This cross Sectional study was conducted among primi mothers who are attending MCH centre at Tirupati, Andhra Pradash, Indian between October 2018 to July 2019.

Research approach: pre-experimental research approach

Research design: pre – experimental one group pre test post test research design

Variables:

Independent variable: Structured teaching Programme regarding Food Taboo's among primi Mother's.

Dependent variable: Knowledge of primi Mother's regarding Food Taboo's

Extraneous variable: Age, Gender, Educational Qualification, Family Income, Exposure to mass media,

Previous knowledge on Food Taboo's

Setting of the study: MCH centre, Tirupati, Chittoor (Dt), Andhra Pradash.

Population: The population for the present study were total primi mother's residing in Tirupati.

Sample: primi mothers attending MCH centre, Tirupati.

Sample size: 60 primi mothers.

Sampling technique: Non Probability convenience sampling technique.

Criteria for sample selection: Inclusion criteria:

Mothers who

- were Primigravida.
- were willing to participate in the study.
- can understand English and Telugu.
- were available at time of data collection

Exclusion criteria:

Mothers who

- were multigravida.
- were attending other than MCH centre

### III. Results

## Major findings of the study:

- In pre test out of the 60 mothers, 45(75%) study subjects had inadequate knowledge whereas 10(16.67) had moderate knowledge, and the least 5(8.33%) had adequate knowledge regarding food taboos among primi mother's.
- In post- test 38(63.66%) study subjects had adequate knowledge whereas 13(21.67%) had moderate knowledge, and the 9(15%) had inadequate knowledge regarding food taboo's among primi mothers in post test
- Here the mean and Standard deviation in pre-test were M=16.05 and S.D=3.61, where as in post test Mean and S.D was 21.6 and 4.69. Calculated paired't' value was 35.19 and table value was 1.96 which is significant at p<0.05 level. It evidence that the structured teaching programme was significantly effective on improving knowledge regarding food taboos among primi mothers.
- The researcher identifies that in Pre test, there was significant association between Dietary habits of the primi mothers and knowledge regarding food taboos at p< 0.05 level. The remaining variables like Age of the mother, type of the family, education of the mother, Occupation of the mother, religion, monthly family income, and source of health information were not significant.
- whereas in Post test there was association between knowledge regarding food taboos among primi mothers with Education of the mother, Occupation of the mother, religion, monthly family income, Dietary habits of the primi mothers, and source of health information were significant at p< 0.01 level. Where as Age of the mother, and type of the family, were significant at p< 0.05 level. Remaining other variables like Education of the husband, occupation of husband, and Area of residence were not significant. Hence HO2 was rejected.

# **IV. Discussion**

The present study mainly focused to assess knowledge regarding food taboos among the primi mothers. the problem statement of the study was "A study to assess the effectiveness of structured teaching programme regarding food taboos among primi mothers at MCH centre, Tirupathi"

About 60 mothers were selected by using convenient sampling technique and with the use of one group pre test post test design. A structured questionnaire was used to assess the level of knowledge regarding food taboos among primi moters.

## 1. To assess the knowledge regarding food taboos among prime mothers by pre -test.

The present study shows that 45(75%) study subjects had inadequate knowledge whereas 10(16.67) had moderate knowledge, and the least 5(8.33%) had adequate knowledge regarding food taboos among primi mother's in pre-test.

**Hadil Mohamed Hassan tahir et..al (2016)** conducted a study on food taboos among pregnant women in health centre, Khartoum state Sudan. Results shows that 67.35% avoiding eating certain type of food during pregnancy because they cause difficulties during labour, 15.4% believe that it may cause disease to the pregnant women, 17.25% of the pregnant women have heard that availability of certain foods were preferred not to eat during pregnancy as a social norms.

# 2. To evaluate the effectiveness of structured teaching programme regarding food taboos among primi mothers by post test.

The present study shows that 38(63.66%) study subjects had adequate knowledge whereas 13(21.67%) had moderate knowledge, and the 9(15%) had inadequate knowledge regarding food taboo's among primi mothers in post test.

Nisha Catherin et.al (2015) conducted a study on food taboos among misconception among pregnant women of Shashemene District, Ethiopia. Results shows that mean pre – test and mean post – test knowledge scores were 10.46 and 26.42 respectively and is highly significant. Out of 205 normal pregnant mothers, in pre-test score, 144(70%) were having negative attitude, 41(20.0%) mothers had positive attitude & there were only 20(10%) of mothers had positive attitude & 55(26.8%) had neutral attitude and there were 60(26.3%) mothers with negative attitude regarding food taboos.

# 3. To find the association between knowledge regarding food taboos among primi mothers and with their selected socio demographic variables.

The present study shows that in Pre test, there was significant association between Dietary habits of the primi mothers and knowledge regarding food taboos at p< 0.05 level. The remaining variables like Age of the mother, type of the family, education of the mother, Occupation of the mother, religion, monthly family income, and source of health information were not significant.

The present study reveals that in Post test there was association between knowledge regarding food taboos among primi mothers with Education of the mother, Occupation of the mother, religion, monthly family income, Dietary habits of the primi mothers, and source of health information were significant at p < 0.01 level. Where as Age of the mother, and type of the family, were significant at p < 0.05 level. Remaining other variables like Education of the husband, occupation of husband, and Area of residence were not significant. Hence HO2 was rejected.

**Wollelaw Getnet et ..al.** (2018) conducted a study on Determinants of food taboos in the pregnant women of the Awabel District, East Gojjam Zone, Amhara regional State in Ethiopia. Results shows that 27% of pregnant mothers encounter food taboos, Avoided food items by pregnant mothers were linseed, coffee, tea, cabbage, porridage, wheat, bread, banana, groundnut, salty diet reasons mentioned for avoidance of this food items were plastered on the fetal head, making fatty baby which is difficult for delivery, fear of abortion and fetal abnormality. Age of the mother AOR = 2.97, income AOR=0.28 and previous antenatal care AOR=2.23, were significantly associated with food taboos.

### V. Conclusion

The present study revealed that primi mothers had inadequate knowledge regarding food taboos during pregnancy and after structured teaching programme knowledge of the mothers regarding food taboos was improved.

### **NURSING IMPLICATIONS:**

• As a community health nurse, he/ she can educate and conduct teaching programmes on food taboos to primi mothers. There by knowledge and attitude of mothers improves towards food taboos.

## **NURSING PRACTICE:**

An educational campaign conducted by using personnel both in hospital and in the community area help's to identify the prevalence of food taboos. So that it help's for avoidance of food taboos during pregnancy there by improves the mother and child health.

## **NURSING EDUCATION:**

The nursing curriculum should consist of knowledge related to teaching strategies and various modalities. So that nursing students can use different teaching methods to impart appropriate knowledge on food taboos.

# NURSING ADMINISTRATOR:

The nurse administrator should organize the awareness campaigns especially focusing mothers by in providing information on food taboos and its misconceptions during pregnancy.

The nurse administrator can organize various training, in-service education programme to improve the knowledge and attitude of the primi mothers

#### **NURSING RESEARCH:**

There is a need of nursing research to be conducted on various aspects of food taboos among primi mothers. There should be adequate funds to encourage upcoming nurse researchers towards food taboos. The finding of the study can be practice in their professional life.

#### **List of References**

- [1]. Picciano MF. Pregnancy and lactation. In: Ziegler EE, Filer LJ, eds. Present knowledge in nutrition. Washington, DC: ILSI Press. 2008;384–95.
- [2]. Onioa, T. J. Identifying pregnant women who would adhere to food taboos in a rural community: a community-based study. Afr J Reprod Health., 2012; 16(3): 68-76.
- [3]. Odebiyi, A. Food taboos in maternal and child health: the views of traditional healers in life-of Nigeria. Soc Sci Med, 2009; 28(9): 985–996.
- [4]. Nejimu Biza Zepro. Food Taboos and Misconceptions among Pregnant Women of Shashemene District, Ethiopia, 2012. Science Journal of Public Health., 2015, 3.3: 410-416. 10.11648/j.sjph.20150303.27
- [5]. Science Journal of Public Health 2015;Food taboos among pregnant women beliefs and practices: 3(3): 410-416 Published online May 13, 2015,10(11),648/j.sjph.20150303.27: 2328-7942 (Print); 2328-7950 (Online)
- [6]. Demisse T. Murok N., et al, food taboos among pregnant women in Hadiya zone, Ethiopian journal of health development, April 1998.24,12(1).
- [7]. CSA, ORC Macro, Mihret H., Mesganaw F, Birth preparedness & complications readiness among women in Adigrat town, Ethiopia Demographic and Health Survey, Addis Ababa, Ethiopia and Calverton, Maryland, USA Ethiopian journal of health development: September; 2008;22(1), 1-96.
- [8]. Science Journal of Public Health ,Food Taboos and Misconceptions Among Pregnant Women of Shashemene District, Ethiopia, 2015;3 (3):410-416
- [9]. Swati N, Priyanka D, Seeta M, Sonika R, Versha T, Renu, Priyanka P, Rashmi R, Vivek R, Priyanka K, Pratiti H, Rebecca P. Knowledge of primi gravida mothers on antenatal nutrition. Asian Pac. J. Health Sci., 2017; 4(4):12-14.
- [10]. D.C Dutta. Low Birth weight Baby Hiralal Konar, editor, Text book of obstetrics, 7<sup>th</sup> Edition, Kolkata: New central book agency(P) Ltd; 2011: 456-467
- [11]. World Health Organization, Global nutrition targets 2025:Low birth weight policy brief (WHO/NMH/NHD/14.5), Geneva, World health organization; 2014.
- [12]. Food and Nutrition Unit, Ministry of Planning and Economic Development, Social and cultural aspects of food consumption patterns in Ethiopia: Addis Ababa; 1992;8(32):362-6
- [13]. Park K. Text Book of Preventive and Social Medicine. 20th edition. M/s. Banarasidas Banot Publishers; 2009; 450
- [14]. Chadrani W,Srikanth K,VikramanayakeTW. Food Taboos and Beliefs among Srilankans. Journal Nutrition Science Council Sri Lanka.2017; 10(1):59-66.
- [15]. Puri S K. Taboos and Myths Associated with women's Health among Rural and Urban Adolescent Girls in Punjab. 2006-10; 31(4):45-49.
- [16]. Maria I, Santos T, Edgar VG. Food Taboos among Nursing Mothers of Mexico. Journal of health population nutrition.2003 Jun;21(2):142-149.
- [17]. Tsegaye D, Nelson M, Wamboi K M. Food taboos among pregnant women in Hadiya Zone. Ethiop Journal Health Division 1998;12(1):45-49.
- [18]. Manjunath, B. The wealth of India—raw materials. Council of Scientific and Industrial Research, 2012; 75-77.
- [19]. Rajkumar P, Anuj M L. Taboos and misconceptions about food during pregnancy among rural population of Pondicherry. Calicut medical Journal. 2010; 8(2): 4
- [20]. Beddada B., Baashir T, Bannerman R, Rushwan H, Sharaf I, Traditional Practices Affecting the Health of Women and Children. WHO Eastern Mediterranean Regional Office Technical Publication; 2002(2);47–5

Mrs. Dr.M. Sreelatha M.Sc (N).,Ph.D (N). " A Study To Assess The Effectiveness Of Structured Teaching Programme Regarding Food Taboos Among Primi Mothers At MCH Centre, Tirupathi. " .IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no.05, 2019, pp. 54-57.