



# A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PERINATAL DIET AMONG ANTENATAL MOTHERS AT TELUNGUPALAYAM PHC, COIMBATORE

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## ABSTRACT

**STATEMENT OF THE PROBLEM:** A study to assess the effectiveness of structured teaching programme on knowledge regarding perinatal diet among antenatal mothers at Telungupalayam PHC, Coimbatore.

**AIMS OF THE STUDY:** To find the level of knowledge on perinatal diet among antenatal mothers and to study the effectiveness of structured teaching programme in improving the level of knowledge and practices.

### OBJECTIVES:

- ❖ To assess the pre-test knowledge score regarding perinatal diet among antenatal mothers.
- ❖ To assess the post-test knowledge score regarding perinatal diet among antenatal mothers after structured teaching programme.
- ❖ To assess the effectiveness of structured teaching programme regarding perinatal diet among antenatal mothers.
- ❖ To associate post-test knowledge score regarding perinatal diet among antenatal mothers with their selected demographic variables.

**RESEARCH METHODOLOGY:** The investigator has selected one group pre test and one group post test design. A total number of 60 antenatal mothers were selected by purposive sampling technique. The pre test and post test collected with structure questionnaires before and after structured teaching programme. After pre test and post test the data collected from subject were analysed by using descriptive and inferential statistics and association was analysed with computing frequency, percentage, standard deviation.

In pre test and post test there was a significant association between level of knowledge and demographic variables such as age, education, religion, income, occupation, eating pattern, number of pregnancy, number of abortions, number of delivery, complication in pregnancy and source of information.

**CONCLUSION:** Antenatal mothers who had an inadequate knowledge or poor knowledge regarding perinatal diet, before the structured teaching programme the knowledge was around 30% (9 samples) and moderate knowledge around 70% (51 samples). After the structure teaching programme the antenatal mothers gained knowledge regarding perinatal diet, around 56.6% had adequate knowledge and 41.6% had moderate knowledge.

**KEY WORDS:** assess, effectiveness, structured teaching programme, perinatal diet, antenatal mothers.

## INTRODUCTION

Diet and lifestyle are important determinants of health of both mother and offspring, starting from the perconceptional period. In particular, current research underscores that the first 1000 days of life from conception up to two years of life are crucial for the prevention of adulthood diseases and specific maternal condition during the perconceptional period and associated with high birth weight, obesity and alterations in glucose metabolism in children and later in adults. Healthy diet promotes health in lactating mothers, protects menopausal woman from bone fractures, reduces cardio vascular risk and

also protects against some type of cancers. Therefore perinatal diet that is after 5<sup>th</sup> month of conception to till 4<sup>th</sup> week of postnatal period, it protects and supports female population and in specific population groups.

Health later in life is also affected by the growth rate in the first month of life, when breast milk represents the golden standard for the infant feeding as recognized by WHO. WHO defined, it is a part of the reproductive process with important implications also for the health of lactating mothers, ranging from reduction of cardiovascular risk and hip fractures in post menopause, also protection against breast cancer and ovarian



cancer. Mother should be advised to have a healthy diet throughout the pregnancy to till the lactation period in order to minimize foetal anomalies, still birth, preterm baby, anemia and miscarriage.

Aim of perinatal diet is to produce healthy and normal weight infants in minimizing health risk to mother, to determine appropriate weight gain during pregnancy for normal, under and over weight women, to recognize the additional energy, vitamins and minerals requirement for women during pregnancy, to understand change in nutritional need during pregnancy, labour, postnatal and lactation (Dr. M.Swaminathan, the book of Food and Nutrition).

There are six main classification of food, they are Carbohydrate (energy giving food) Protein (body building food) Fat (energy provider) Vitamins (protective food) Minerals and Water. Carbohydrates are the cheapest and main source of energy, it supplies 4kcal/g. Carbohydrates are essential for the oxidation of fats and in the synthesis of certain amino acids. If they are taken in excess they are converted into fat. In the body they are absorbed immediately and stored in the form of glycogen. Daily requirement of carbohydrate for the expectant and nursing mother 40-60%. Protein sparing action of carbohydrates help in tissue growth & maintenance. Food sources are cereals, pulses, millets, nuts and oil, roots and tubers.

Proteins are essential for growth and development, they are the chief substance in the cells of the body. Essential in the synthesis of antibodies, enzymes and hormones, important in the coagulation factor. Plays a vital role in bodybuilding especially in infants and children. Daily requirement of protein for the pregnant mother is 78g/day, for the lactating mother is 74g/day. Deficiency in pregnancy causes premature birth, still birth and low birth weight babies. Food sources are animal product like meat, fish, milk and milk products, plant sources like millet, pulses like bengal gram, green gram, red gram and black gram.

Vitamins are an organic compound occurring in small quantities in different natural food and necessary for protection against diseases. There are two types of vitamins –water soluble (vit. B1, B2, B3, B5, B6, B7, B9, B12 and C) and fat soluble vitamins (vit. A, D, E and K). Vitamin B1 (Thiamine) helps to assist an effective heart function, muscle development and maintains healthy nerve cell, deficiency leads to Beriberi. Vitamin B2 (Riboflavin) helps in activating iron, folic acid, B1 and B3. Also prevents and treat migraine head ache and rheumatoid arthritis, deficiency causes ariboflavinosis characterised by oral, facial, ocular and vulvar lesions.

Vitamin B3 (Niacin) it is also called nicotinic acid. It helps to reduce cholesterol level in the blood, lower the risk of heart disease and also prevents hardening of arteries (atherosclerosis), deficiency causes pellagra. Vitamin B5 (Pantothenic acid) it is available in all kind of food, deficiency causes burning foot syndrome. Vitamin B6 (Pyridoxine) it helps in maintaining healthy nerve cell and red blood cell, prevents peripheral neuropathy. Daily requirement of pyridoxine for the pregnant and lactating mother is 2.5 mg/day, deficiency causes microcytic anaemia and neuritis.

Vitamin B7 (Biotin) prevents alopecia and mild depression, daily requirement of biotin for the pregnant and lactating mothers 250nanogram/day. Vitamin B9 (Folic acid) it is essential for the maturation of red blood cells and prevents neural tube malformation (Spina bifida). Daily requirement of folic acid for the pregnant mother is 0.4 g/day, deficiency causes megaloblastic anaemia, recurrent infection and malabsorption syndrome. Vitamin B12 (Cyanocobalamin) it prevents pernicious anaemia, daily requirement for the pregnant and lactating mother is 2ng/day.

Vitamin C (Ascorbic acid) it is essential for the absorption of iron, formation of bone daily requirement is 80mg/day, deficiency causes scurvy. Vitamin A prevents night blindness, Vitamin D stimulates calcium uptake, Vitamin E strengthen the muscular skeletal system, and Vitamin K is responsible for blood coagulation. (Dr. Prashad R. Manjeshwar, the book of Food and Nutrition).

Minerals also play a vital role especially iron, iodine and calcium. Iron deficiency causes severe anaemia in pregnancy, Iodine deficiency causes simple endemic goitre, Calcium deficiency causes osteoporosis to mother. Water helps in cleansing the internal organs, hydrating the tissues and keeping the pregnant mother in stable. Daily requirement of water for the pregnant mother is 5 to 6 L/day.

Maternal disorders are common in pregnant mothers, life threatening disorder is gestational hypertension, it is said to be blood pressure is above 140/90mmhg for the first time in pregnancy after 20 weeks without proteinuria. If the pregnant mother left untreated the complications are eclampsia, intrauterine death, growth retardation, asphyxia and prematurity. Gestational diabetes mellitus is a carbohydrate intolerance of variable severity with onset or first recognition during present pregnancy, control of high blood glucose is done by restriction of diet, exercise and with or without insulin.

GDM complications are intra uterine foetal death, macrosomia, shoulder dystocia, pre-eclampsia and cesaerean delivery. Thyroid dysfunction in pregnancy is caused by physiological changes during pregnancy like increased cardiac output, oxygen consumption, and heat production may cause mild thyrotoxicosis. The complications are placental abruption, congestive cardiac failure, thyroid storm, perinatal mortality and morbidity.

Intranatal diet is essential for the labour mother she needs to be hydrated with intravenous fluids than the oral feeds. Carbohydrate drink reduces ketosis and more oral fluids leads to hypo natremia to mother and foetus. The postnatal mother needs to be hydrated with oral fluids, protein and calcium rich foods are important for the wound healing and good lactation. Therefore the perinatal diet plays an important role during antenatal period for the purpose of safe delivery, protective motherhood, prevention of diseases and obtaining optimum level of health.



## STATEMENT OF THE PROBLEM

A study to assess the effectiveness of structured teaching programme on knowledge regarding perinatal diet among antenatal mothers at Telungupalayam PHC, Coimbatore.

## AIMS OF THE STUDY

To find the level of knowledge on perinatal diet among antenatal mothers and to study the effectiveness of structured teaching programme in improving the level of knowledge and practices.

## OBJECTIVES

- ❖ To assess the pre-test knowledge score regarding perinatal diet among antenatal mothers.
- ❖ To assess the post-test knowledge score regarding perinatal diet among antenatal mothers after structured teaching programme.
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- ❖ To associate post-test knowledge score regarding perinatal diet among antenatal mothers with their selected demographic variables.

## HYPOTHESES

Null hypotheses

**H01:** There is no significant difference between level of knowledge regarding perinatal diet among antenatal mothers before and after structured teaching programme.

**H02:** There is no significant association between post test knowledge score with their selected demographics variables.

## VARIABLES IN THE STUDY

Dependent variables:- In this study dependent variable is knowledge of the antenatal mothers regarding perinatal diet.

Independent variables:- In this study the independent variable is structured teaching programme.

## ASSUMPTIONS

There will be an enhancement of knowledge among antenatal mothers regarding perinatal diet.

## LIMITATIONS

Inclusion:- The study is limited to

- Antenatal mothers, after 5<sup>th</sup> month of conception
- Antenatal mothers who are willing to participate in the study.
- Antenatal mothers who are able to speak Tamil & English and who are available at that time.

Exclusion:

- Antenatal mothers who are below 5<sup>th</sup> month of conceptions
- Who are not willing to participate in the study

- Postnatal mothers
- Lactating mothers
- Labour mothers

## OPERATION DEFINITION

**Effectiveness:** The degree to which something is successful in producing a desired result.

**Structured teaching:** It is a means of data collection in which the interviewer has an interview schedule in which the questions are listed in the order in which they are to be answered.

**Knowledge:** Awareness or familiarity gained by experience of a fact or situation.

**Perinatal Diet:** The diet which is started after 5<sup>th</sup> month of conception till 4<sup>th</sup> week of postnatal period.

**Antenatal:** Before birth, during or relating to pregnancy.

## SCOPE OF THE STUDY

To assess the level and associated factors of nutritional knowledge during pregnancy, delivery and postnatal period among antenatal mothers to prevent maternal and child mortality and morbidity rate and to reduce later adulthood complication in children.

## RESEARCH METHODOLOGY

Research methodology is a systematic way to solve the problem. It is a science of studying how research is to be carried out. Essentially and predicting phenomena are called research go about their work of describing, explaining and predicting phenomena are called research methodology. It is aim to give the work plan o research (SURESH K.SHARMA).

The chapter deals with the research design, sampling, inclusion and exclusion criteria , data collecting and analysis, score interpretation, content validity, reliability and pilot study.

## RESEARCH DESIGN

A research design is the “BLUE PRINT” of the study. The design of a study defines the study type (descriptive, correlational, semi-experimental, review, meta-analytic) and subtype (descriptive-longitudinal case study) questions, hypothesis, independent and dependent variables, experimental design and it applicable data collection methods and a statistical analysis plan. Research design to frame work and has been created to seek answers to research questions (SURESH K.SHARMA).

The objective of this study is to assess the knowledge of perinatal diet among antenatal mothers.

## SETTING OF THE STUDY

The study was conducted at Telungupalayam PHC. Coimbatore. The nursing home works 24 hours. It is purely obstetrics and gynecology related problems with infertility high risk pregnancy care, also being undertaken.



This setting was chosen on the basis of the feasibility of the study in terms of adequate of the sample.

### POPULATION

The entire set of individual or objects having some common characteristic, selected for a research study (SURESH K.SHARMA-2014).

The population of this study included Antenatal mothers.

### SAMPLE SIZE

The sample size for the study consist of 60 antenatal mothers, who fulfilled the inclusion criteria are included as sample for the study.

### SAMPLE TECHNIQUE

Purposive sampling technique was used and the antenatal mothers who fulfilled the inclusion criteria.

### SAMPLING CRITERIA

#### INCLUSION CRITERIA

The study is limited to

- ❖ Antenatal mothers, after 5<sup>th</sup> month of conception.
- ❖ Antenatal mothers who are willing to participate in the study.
- ❖ Who are able to speak Tamil and English and who are available at that time of study.

### KNOWLEDGE SCORE

| SCORE | PERCENTAGE | LEVEL OF KNOWLEDGE    |
|-------|------------|-----------------------|
| 0-10  | 0-33%      | In adequate knowledge |
| 11-20 | 34-66%     | Moderate knowledge    |
| 21-30 | 67-100%    | Adequate knowledge    |

### CONTENT VALIDITY OF THE TOOL

Content validity was obtained from the facilities of OBG department o JCON.

### DATA COLLECTION PROCEDURE

The data collection period was 4 weeks permission was a study were selected.

All ethical principles were followed in the first day of data collection all the antenatal mothers were comfortably seated and the pre-test was administered. After few minutes the structured teaching programme on perinatal diet among antenatal mothers was given by using A.V aids to same antenatal mothers who had undergone pre-test. During the teaching programme the antenatal mothers were asked many doubts and it was clarified. Once again post-test was administered with the same self-structured questionnaires after 14 days.

### EXCLUSION CRITERIA

- ❖ Antenatal mothers who are below 5<sup>th</sup> month of conception.
- ❖ Who are not willing to participate in the study.
- ❖ Postnatal mothers.
- ❖ Lactating mothers.
- ❖ Labour mothers.

### DEVELOPMENT OF THE TOOL

The instrument was developed by the investigators which considered of questionnaires with 2 parts.

Part A – Deals with demographic data.

Part B – Deals with multiple choice question related to perinatal diet among antenatal mothers.

### DESCRIPTION OF TOOL

Part A – It consists of age, education, religion, income, occupation, food habits, family type, gestational week, gravida, abortion and number of pregnancy.

Part B – This section consists of the 30 items to assess the knowledge regarding perinatal diet among antenatal mother each items had 4 response with one correct answer and the correct answer is given a score of 1 mark. The total number of items are 30 and the total score is 30.

### SCORE INTERPRETATION

The correct response was given a score of one and the obtained score were converted into percentage.

The result were interpreted as,

The investigators thanked the head of the institution for facilitating to conduct the study. The data were filled for data analysis.

### DATA ANALYSIS

Data analysis is the systematic organization of research data and finding of the result using these data. Data analyzed by using descriptive and inferential statistics on the basis of objectives and hypothesis of the study.

### ANALYSIS AND INTERPRETATION OF DATA

This study deals with the study subjects, statistical analysis on interpretation of the data collected to evaluate the objectives & test the hypothesis.

Analysis is defined as categorizing, ordering, manipulating & summarizing of the data to reduce intelligible & interpretable form, so that the research problem can be studied



& tested with relationship between the variables. (SURESH K. SHARMA-2014)

The purpose of analysis is to reduce data to intelligible to each problem can be studied & tested. The data obtained from a sample 60 antenatal mothers were analyzed and presented in this chapter under the following heading.

**SECTION-I:** Demographic variables of the antenatal mothers.

**SECTION-II:** Analysis of the pre-test level of knowledge about perinatal diet among antenatal mothers.

**SECTION-III:** Analysis of the post-test level of knowledge on perinatal diet among antenatal mothers.

**SECTION-IV:** Analysis of effectiveness of structure teaching programme on perinatal diet among antenatal mothers between the pre-test and post-test.

**SECTION-V:** Association of level of knowledge on perinatal diet among antenatal mothers with the demographic variables in the pre-test.

**SECTION-VI:** Association of level of knowledge on perinatal diet among antenatal mothers with the demographic variables in the post-test.

### FREQUENCY AND DISTRIBUTION OF SAMPLE ACCORDING TO THE DEMOGRAPHIC VARIABLES

(N=60)

| S.NO | DEMOGRAPHIC VARIABLES       | FREQUENCY (N) | PERCENTAGE (%) |
|------|-----------------------------|---------------|----------------|
| 1.   | <b>AGE</b>                  |               |                |
|      | a)below 20 years            | 0             | 0              |
|      | b)21-25 years               | 1             | 3.3%           |
|      | c)26-30 years               | 54            | 76.7%          |
| 2.   | <b>EDUCATION</b>            |               |                |
|      | a)illiterate                | 0             | 0              |
|      | b)12 <sup>th</sup> standard | 8             | 26.7%          |
|      | c)bachelor degree           | 40            | 33.3%          |
| 3.   | <b>RELIGION</b>             |               |                |
|      | a)Christian                 | 9             | 30%            |
|      | b)hindu                     | 36            | 53.3%          |
|      | c)muslim                    | 15            | 16.7%          |
| 4.   | <b>FAMILY INCOME</b>        |               |                |
|      | a)below 10,000 rupees       | 4             | 13.3%          |
|      | b)11,000-20,000 rupees      | 9             | 30%            |
|      | c)21,000-30,000 rupees      | 7             | 23.3%          |
| 5.   | <b>OCCUPATION</b>           |               |                |
|      | a)house wife                | 40            | 33.3%          |
|      | b)daily wages               | 13            | 43.3%          |
|      | c)government employee       | 2             | 6.7%           |
| 6.   | <b>EATING PATTERN</b>       |               |                |
|      | a)private employee          | 4             | 13.3%          |
|      | b)non-vegetarian            | 41            | 36.7%          |
|      | c)vegetarian                | 12            | 40%            |
| 7.   | <b>TYPE OF FAMILY</b>       |               |                |
|      | a)nuclear family            | 57            | 90%            |
| 8.   | <b>GESTATIONAL AGE</b>      |               |                |
|      | b)joint family              | 03            | 10%            |
|      | a)below 20 weeks            | 0             | 0              |
|      | b)20-28 weeks               | 23            | 43.3%          |
| 9.   | <b>NUMBER OF PREGNANCY</b>  |               |                |
|      | a)28-36 weeks               | 37            | 56.7%          |
|      | d)36-42 weeks               | 0             | 0              |
|      | a)first time                | 39            | 63.3%          |





|     |   |    |       |
|-----|---|----|-------|
| 10. | b)second time   | 21 | 36.7% |
|     | c)third time  | 0  | 0     |
|     | d)more than 3   | 0  | 0     |
|     | <b>NUMBER OF ABORTION</b>                                 |    |       |
| 11. | a)once  | 9  | 30%   |
|     | b)twice   | 4  | 13.35 |
|     | c)more than 2   | 1  | 3.3%  |
|     | d)never   | 46 | 53.3% |
| 12. | <b>NUMBER OF DELIVERY</b>                                 |    |       |
|     | a)once  | 47 | 56.7% |
|     | b)twice   | 03 | 10%   |
|     | c)more than twice   | 02 | 6.7%  |
| 13. | d)none  | 08 | 26.7% |
|     | <b>COMPLICATION IN THE PREGNANCY</b>                      |    |       |
|     | a)medical   | 07 | 23.3% |
|     | b)surgical  | 0  | 0     |
| 13. | c)obstetrical   | 04 | 13.3% |
|     | d)none  | 49 | 63.3% |
|     | <b>FROM WHERE DO YOU GET INFORMATION ABOUT PREGNANCY?</b> |    |       |
|     | a)family  | 48 | 60%   |
|     | b)friends   | 07 | 23.3% |
|     | c)mass media  | 05 | 16.7% |

**THIS SECTION PRESENTS THE ANALYSIS OF THE LEVEL OF KNOWLEDGE ON PERINATAL DIET AMONG ANTENATAL MOTHERS**

**DISTRIBUTION OF SAMPLE ACCORDING TO THE LEVEL OF KNOWLEDGE ON PERINATAL DIET AMONG ANTENATAL MOTHERS IN PRE-TEST.**

(N=60)

| S.NO | LEVEL OF KNOWLEDGE   | FREQUENCY | PERCENTAGE |
|------|----------------------|-----------|------------|
| 1.   | Inadequate knowledge | 9         | 30%        |
| 2.   | Moderate knowledge   | 51        | 70%        |
| 3.   | Adequate knowledge   | 0         | 0          |

**Table-**shows the distribution of sample according to the level of knowledge on perinatal diet among antenatal mothers in the pre-test.it reveals that 51(70%) of the samples had moderate knowledge and 9(30%) of them had inadequate knowledge.

It concludes that more than half 51(70%) the antenatal mothers had only moderate knowledge. Hence they need to have an education regarding knowledge on perinatal diet among antenatal mothers.

**DISTRIBUTION OF THE SAMPLES ACCORDING TO THE LEVEL OF KNOWLEDGE ON PERINATAL DIET AMONG ANTENATAL MOTHERS IN POST-TEST.**

| S.NO | LEVEL OF KNOWLEDGE   | FREQUENCY | PERCENTAGE |
|------|----------------------|-----------|------------|
| 1.   | Inadequate knowledge | 0         | 0          |
| 2.   | Moderate knowledge   | 37        | 56.7%      |
| 3.   | Adequate knowledge   | 23        | 43.4%      |

**Table-**shows that distribution of samples according to the level of knowledge on perinatal diet among antenatal mothers in the post-test. It reveals that 37(56.7%) of the sample had moderate knowledge and 23(43.3%) of the sample had adequate knowledge.

It concludes that nearly half 23(43.3%) of the samples had adequate knowledge, which shows that the teaching on knowledge regarding perinatal diet were effective.



**ANALYSIS OF EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AMONG ANTENATAL MOTHERS BETWEEN PRE AND POST TEST.**

(N=60)

| LEVEL OF KNOWLEDGE | MEAN  | STANDARD DEVIATION | 'T' VALUE | 'P' VALUE |
|--------------------|-------|--------------------|-----------|-----------|
| Pre-test           | 12.33 | 4.33               | 23.93     | 2.05      |
| Post-test          | 25    | 2.74               |           |           |

\*Significant  $p < 0.05$

**Table-**shows that mean value and standard deviation in pre-test and post-test of knowledge and its significance.

This table reveals that in the pre-test mean value is 12.33 with the standard deviation 4.33 where as in the post test the mean value is 25 with the standard deviation 2.74. There is significance difference between the mean value of the pre-test and post-test level of knowledge. The 't' value is 23.93 and 'p' value is 2.05 and it is significant or  $< 0.05$  level.

It concludes that the structured teaching programme is effective to increase the level of knowledge of perinatal diet among antenatal mothers.

**DISCUSSION**

A total number of 60 antenatal mothers were selected according to the inclusive criteria of the study. The investigator selected the demographic Variables (age, income, type of family occupation, family income, source of information), of the samples Pretest was conducted with structured knowledge and questionnaire to the Antenatal mothers who come under the inclusion criteria. They are instructed to answer the questionnaire afterwards the structure teaching programme about perinatal diet was explained to the Antenatal mothers.

**SUMMARY, CONCLUSION AND RECOMMENDATION**

**SUMMARY**

The aim of the study was to find out the level of knowledge on perinatal diet among antenatal mothers and to study the effectiveness of structure teaching programme in improving the level of knowledge and practices.

**THE OBJECTIVE OF STUDY WERE**

- ❖ To assess the pre test knowledge score regarding perinatal diet among antenatal mothers.
- ❖ To assess the post test knowledge score regarding perinatal diet among antenatal mothers after structured teaching programme.
- ❖ To assess the effectiveness of structured teaching programme regarding perinatal diet among antenatal mothers.
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The investigator has selected one group pre test and one group post test design. A total number of 60 antenatal mothers were selected by purposive sampling technique. The pre test and post test collected with structure questionnaires before and after structured teaching programme.

After pre test and post test the datd collected from subject were analysed by using descriptive and inferential statistics and association was analysed with computing frequency, percentage, standard deviation.

**RESEARCH FINDING**

In pre test and post test there was a significant association between level of knowledge and demographic variables such as age, education, religion, income, occupation, eating pattern, number of pregnancy, number of abortions, number of delivery, complication in pregnancy and source of information.

**CONCLUSION**

Antenatal mothers who had an inadequate knowledge or poor knowledge regarding perinatal diet, before the structured teaching programme the knowledge was around 30% (9 samples) and moderate knowledge around 70% (51 samples).

After the structure teaching programme the antenatal mothers gained knowledge regarding perinatal diet, around 56.6% had adequate knowledge and 41.6% had moderate knowledge.

**NURSING IMPLICATION**

Present study has an implications in the field of nursing practice, nursing education , nursing administration and nursing research.

**NURSING PRACTICE**

This study helps the nurses to understand the importance of perinatal diet among antenatal mothers. Nurses need to understand about the food constituents, dietary requirements, available food sources and treatment for the minor disorders through proper consumption of food. The nurses can give proper counselling and education regarding perinatal diet among antenatal mothers.

**NURSING EDUCATION**

The study helps the nurse educator to train the nursing students to gain knowledge regarding perinatal diet among



antenatal mothers and motivates the students to improve further research. The nurse educator should train the student to educate the people regarding the importance of perinatal diet.

### NURSING ADMINISTRATION

Nursing service in administration is most desperate need of research. Health care provider should actively involved in both health policy and clinical management.

### NURSING RESEARCH

Nurses must take initiative to conduct research on perinatal diet among antenatal mothers. Steps should be taken to develop and implement research utilization by preparing nurses to involve in research activities.

### RECOMMENDATION OF FURTHER RESEARCH

After the finding of present study, the following recommendations are made for further research.

- The study can be done in large group.
- The study can be done with large sample in community settings.
- The study can be done among post natal mothers.
- Comparative study can be done on level of knowledge among urban and rural mothers.

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