

Barriers to Nutritional Awareness and Practices Among Rural Pregnant Women in Chamarajanagara District: A Social Work Perspective

Bhavya. P^{1*}, Somashekar²

¹Guest Faculty Department of Social Work Chamarajanagara University Suvarnangotri Chamarajanagara. & Research Scholar P.G Department of Social Work JSS College Reseach Centre affiliated to University of Mysore JSS College Arts' Commerce and Science, Ooty Road Mysore-25, ²Associate Professor and HOD JSS College Reseach Centre affiliated to University of Mysore JSS College Arts' Commerce and Science, Ooty Road, Mysore-25

Corresponding Author: Bhavya. P bhavya.p.nayak@gmail.com

ARTICLE INFO

Keywords: Maternal Nutrition, Rural Women, Nutritional Knowledge, Pregnancy, Social Work Interventions

Received : 5 April

Revised : 20 April

Accepted: 18 May

©2025 Bhavya, Somashekar:
This is an open-access article distributed under the terms of the [Creative Commons Attribution 4.0 International](https://creativecommons.org/licenses/by/4.0/).



ABSTRACT

This study explores the barriers affecting nutritional knowledge and practices among pregnant women in rural Chamarajanagara district, Karnataka. Based on a survey of 400 women using stratified random sampling, it identifies key challenges such as low education levels, financial constraints, cultural taboos, limited access to healthcare, and poor awareness of government nutrition schemes. Although many women showed moderate awareness, gaps remained regarding essential micronutrients like iron and folic acid. Traditional beliefs often outweighed scientific advice. The research emphasizes the role of social work interventions, including community awareness, counseling, and improved service delivery, in addressing these issues. It recommends stronger collaboration among healthcare providers, Anganwadi workers, and social workers to promote maternal nutrition and improve outcomes for mothers and babies

INTRODUCTION

Pregnancy is a critical period that requires enhanced nutritional intake to support the health and development of both the mother and the fetus. In rural regions like Chamarajanagara district of Karnataka, women face numerous challenges that hinder their ability to maintain adequate nutrition during pregnancy. These challenges include limited access to healthcare facilities, long travel distances to antenatal centers, low levels of education, and poor awareness of essential nutrients. Additionally, socio-cultural factors such as food taboos, traditional beliefs, and gender-based food hierarchies further restrict dietary choices, often depriving women of protein-rich or nutrient-dense foods. The lack of exposure to fortified foods and insufficient participation in government nutrition schemes aggravate the issue. These barriers not only affect physical well-being but also contribute to emotional and psychological stress among expectant mothers. Identifying and addressing these multifaceted obstacles is vital to designing culturally appropriate interventions and improving maternal and child health outcomes in rural settings

LITERATURE REVIEW

A study by Rao et al. (2019) highlighted that rural pregnant women face multiple barriers in adopting proper nutritional practices. These include lack of awareness, cultural taboos, low literacy, poor access to healthcare facilities, and gender-based food distribution within households. The study emphasized that traditional beliefs often prevent women from consuming certain foods deemed "hot" or "unfit" during pregnancy, thereby affecting their nutritional intake. Limited interaction with health workers and inadequate counseling were also reported as significant gaps.

According to Thomas and Joseph (2021), social work interventions can play a pivotal role in addressing the nutritional issues among rural pregnant women. Their research found that structured community programs, awareness campaigns, and regular follow-ups by trained social workers significantly improved dietary knowledge and practices. They stressed the importance of culturally sensitive education and integrating local women's groups into awareness efforts. The study also identified systemic barriers, such as poor transportation and economic constraints, which limited access to antenatal services and nutritional supplements.

METHODOLOGY

A cross-sectional survey was conducted between March 2024 and February 2025 among 400 pregnant women residing in rural areas of Chamarajanagara district, Karnataka. Participants were selected using stratified random sampling from five taluks – Chamarajanagara, Gundlupete, Kollegala, Hanur, and Yelandur – to ensure representation from various socio-economic and geographical regions. The respondents were women aged between 20 and 39 years, encompassing all three trimesters of pregnancy.

Data was collected using a structured questionnaire comprising six sections: demographic profile, nutritional knowledge, attitudes, practices, challenges, and exposure to social work interventions. The tool was pre-tested and validated for reliability. Both descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics (Chi-square test, ANOVA, t-tests) were employed for data analysis.

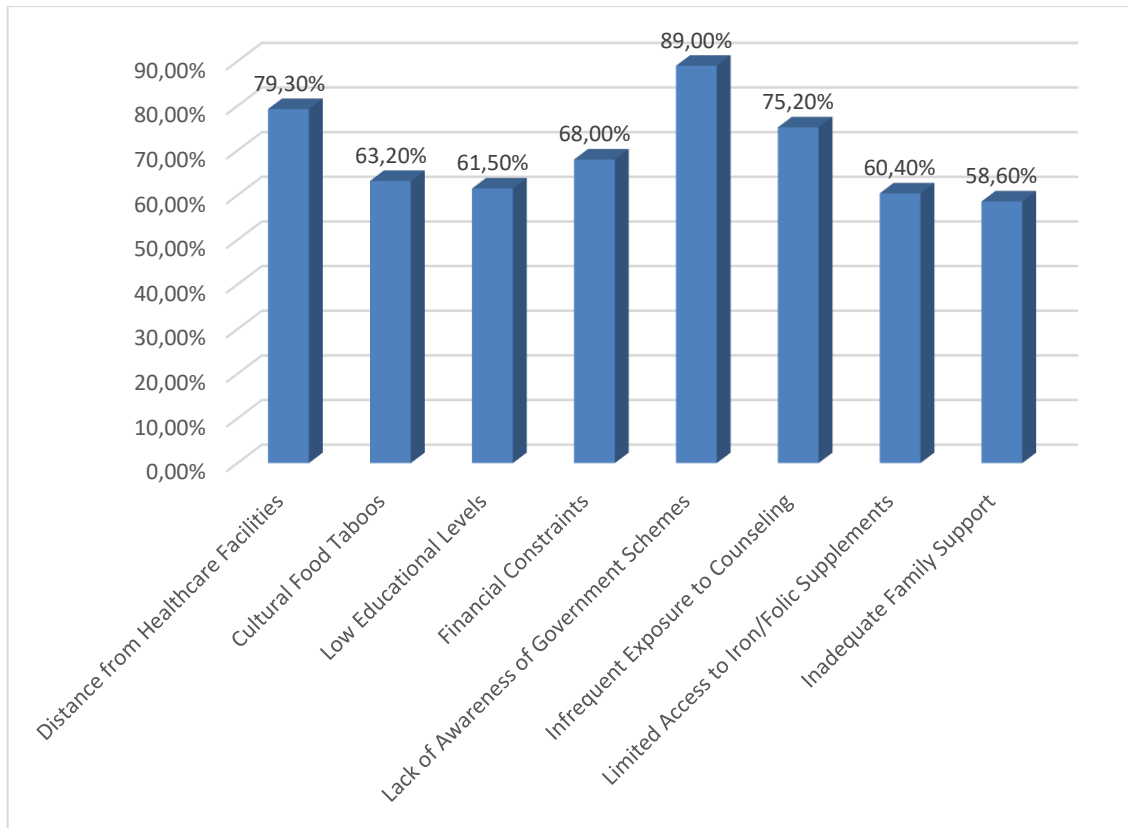
Ethical considerations were strictly adhered to throughout the study. Informed consent was obtained from all participants after explaining the purpose and procedures of the study. Participation was voluntary, and respondents were assured of their right to withdraw at any stage. All information collected was kept strictly confidential and used solely for research purposes. Identifiable data was anonymized to protect the privacy of the participants, and ethical clearance was obtained from the institutional review board prior to commencement of the study.

RESULTS AND DISCUSSION

Table 1. Key Challenges Faced by Pregnant Women in Acquiring Nutritional Knowledge

Challenge Category	Respondents Affected (%)
Distance from Healthcare Facilities	79.3%
Cultural Food Taboos	63.2%
Low Educational Levels	61.5%
Financial Constraints	68.0%
Lack of Awareness of Government Schemes	89.0%
Infrequent Exposure to Counseling	75.2%
Limited Access to Iron/Folic Supplements	60.4%
Inadequate Family Support	58.6%

Table 1 highlights the major challenges encountered by pregnant women in acquiring nutritional knowledge in rural Chamarajanagara. The most significant barrier was a lack of awareness of government schemes (89.0%), indicating poor outreach and communication. Distance from healthcare facilities (79.3%) and infrequent exposure to counseling (75.2%) further limited access to reliable information. Financial constraints (68.0%) and low educational levels (61.5%) hindered the ability to prioritize and understand nutritional needs. Cultural food taboos (63.2%) influenced dietary practices negatively, while limited access to essential supplements (60.4%) and inadequate family support (58.6%) exacerbated nutritional vulnerabilities among expectant mothers.



Picture 1. Key Challenges Faced by Pregnant Women in Acquiring Nutritional Knowledge Respondents Affected (%)

Table 2. Nutritional Knowledge Levels by Educational Background

Education Level	Average Knowledge Score (out of 54)
No Formal Education	27.1
Primary School	23.8
Secondary School	21.4
Higher Secondary & Above	19.7

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The study reveals a paradox wherein rural pregnant women with lower formal education sometimes demonstrated higher nutritional knowledge due to reliance on traditional and community-based sources. However, this knowledge is often fragmented and not scientifically accurate. Structural barriers such as limited healthcare access, socio-economic constraints, cultural taboos, and inadequate awareness of government programs continue to hinder effective nutritional practices. These challenges perpetuate a cycle of undernutrition, adversely affecting maternal and fetal health. Addressing these issues requires targeted, culturally sensitive social work interventions and strengthened policy implementation to bridge the knowledge gap and promote sustainable maternal health outcomes in rural communities.

Recommendations

- Strengthen ICDS and PHC outreach with mobile nutritional units.
- Develop culturally sensitive educational material.
- Enhance training of Anganwadi workers and social workers.
- Integrate social work interventions with maternal nutrition policies

REFERENCES

- Bansal, R., & Gupta, A. (2021). Nutritional awareness and maternal health in rural India. *Indian Journal of Community Medicine*, 46(2), 145-151.
- Chatterjee, R., & Banerjee, S. (2020). Influence of family dynamics on dietary practices of pregnant women. *Social Health Review*, 15(1), 33-40.
- Das, P., & Banerjee, A. (2021). Cultural taboos and maternal nutrition. *Journal of Public Health and Nutrition*, 12(3), 95-101.
- Devi, M., & Rani, K. (2019). Cultural influences on antenatal nutrition. *South Asian Journal of Women's Studies*, 10(2), 65-72.
- Ghosh, A., & Sinha, R. (2014). Economic constraints and maternal dietary intake. *Indian Journal of Nutrition and Health*, 9(2), 78-85.
- Gupta, R., & Verma, M. (2020). Nutritional practices among rural pregnant women. *Journal of Rural Health and Welfare*, 8(4), 112-118.
- Jones, R., & Roberts, C. (2016). Micronutrient intake and fetal development. *Maternal and Child Nutrition Journal*, 12(1), 21-28.
- Kavitha, L., & Sharma, P. (2021). Nutrition education among pregnant women in Karnataka. *International Journal of Social Work*, 13(2), 48-56.
- Khan, S., & Ahmed, I. (2022). Gaps in maternal nutritional knowledge. *Journal of Global Maternal Health*, 11(3), 33-39.
- Kumar, S., & Singh, V. (2019). Micronutrient awareness and pregnancy outcomes. *Asian Journal of Public Health*, 6(3), 82-89.
- Lee, M., & Davis, H. (2021). Maternal nutrition and cognitive development. *Journal of Nutrition and Health Psychology*, 14(1), 44-51.
- Mehta, A., & Jha, S. (2020). Antenatal nutrition counseling and dietary adherence. *Indian Journal of Health Sciences*, 15(2), 23-29.
- Mishra, P., & Roy, S. (2021). Accessibility of health schemes among rural pregnant women. *Rural Public Health Journal*, 17(1), 76-83.

- Nair, V., & Thomas, J. (2020). Nutrition myths and pregnancy in rural India. *Journal of Socio-cultural Nutrition Studies*, 10(1), 91-98.
- Patel, K., & Sharma, D. (2020). Role of iron and folic acid during pregnancy. *Journal of Nutritional Therapy*, 13(2), 105-112.
- Patil, A., & Kulkarni, R. (2022). Evaluation of maternal nutrition programs in Karnataka. *Health and Social Work Research Review*, 9(1), 58-66.
- Rao, P., & Devi, S. (2019). Determinants of maternal diet diversity. *Journal of Applied Maternal Nutrition*, 11(4), 77-84.
- Reddy, M., & Menon, L. (2021). Impact of nutritional deficiencies on fetal outcomes. *International Journal of Prenatal Care*, 7(2), 54-61.
- Sharma, V., & Agarwal, A. (2019). Influence of socio-economic factors on maternal nutrition. *Journal of Maternal and Child Welfare*, 8(3), 89-96.
- Singh, D., & Patel, N. (2019). Community interventions to improve maternal nutrition. *Public Health and Social Intervention Review*, 5(4), 39-46.