

Behavior, Attitudes, Food and Nutrition Practices in Pregnant Women

Jose Selva Suarez

Centre of South Lima Public Health, Peru

Email: josessuarez79@yahoo.com

Abstract

The low food consumption, anemia and frequent infections during pregnancy are causes of maternal undernourishment; that's why it is important to know attitudes and practices during pregnancy in order to design messages in favor of the nutrition for the pregnant woman. To have a basic line of knowledge, attitudes and practices of pregnant women from Ollantay (poor suburban area) that will allow us to make educative interventions. 156 surveys were applied, divided in 6 axes: (i) general data; (ii) knowledge about nutrition; (iii) nutritional attitudes; (iv) nutritional practices; (v) other foods; (vi) habits. The study was done in 2006. 86% knows that must drink milk, however only 35% drinks it everyday; 33%, two or three times per week and 27%, some times. 85% knows that they must take ferrous sulphate; 91% that they must consume 3 main meals and 1 snack. 59% knows what foods facilitate the absorption of iron and 47% which are rich in iron. Egg: the 44% consume it some times, the 38% two or three times per week and the 13%, every day. The 58% consumes barbecued chicken, the 30% hamburger, the 79% ice cream, the 56% cakes and candies, the 66% soda pops. Pregnant women know how many meals a day they must consume. The half knows which foods are iron rich and which facilitate its absorption. Iron rich foods are not of their affordability. A high percentage has bad feeding habits. The high protein foods are little consumed by pregnant women.

Keywords: Feeding Behavior, Malnutrition, Anemia.



A. INTRODUCTION

Access to quality healthy food is a fundamental human right. Based on this approach, malnutrition is a public health problem that affects the most vulnerable groups in society (children, pregnant women, and nursing mothers) (Tirado, 2015). A constant concern should be the protection of the pregnant woman, because malnutrition during this period, as well as during lactation, can become a problem of malnutrition in the nursing child, being an obstacle to their psychomotor development (Estvez et al., 1999). The vast majority of pregnant women are unaware of the deep morphological and physiological changes their bodies face and what they require to maintain the growth and development of the fetus in an adequate way; therefore, iron deficiency as a result of nutritional deficiencies observed during pregnancy is identified as the main cause of anemia in developing countries (Ruiz Veloz, 2018).

Anemia occurs with greater severity from the second trimester of gestation given that iron needs triple, resulting in insufficient supply from food. Iron deficiency anemia is common in pregnancy, and worsens when the woman reaches pregnancy with decreased iron stores (MINSA, 1995). This depresses the immune system, producing a greater risk of suffering from inter current diseases (urinary infection, hypertension, among others).

Malnutrition is multifactorial in nature, caused by low wages, underemployment, unhealthy conditions, lack of access to health services, family instability, marginalization or poverty, and inequality in the distribution of economic power, while The effects of anemia during pregnancy are an increased risk of prematurity, low weight, intrauterine growth retardation, metabolic disorders in the unborn child, and more frequently, acute respiratory infections (IRAS), acute diarrheal diseases (EDAS) and urinary infections. There is an increased risk of infections and mortality during the first year of life.

It was sought to identify the existing food and nutrition problems in a group of pregnant women, observing the offer of health services of the first level of care of the Maternal and Child of the "OLLANTAY" Micro-network, belonging to the San Juan de Miraflores-Villa María del Triunfo Health Network, DISA II LIMA-SUR, Ministry of Health, Lima - Peru.

In the sphere of influence of the Ollantay microgrid, there is a high rate of anemia in pregnant women. In 2006, the Obstetrics Service reported 645 pregnant women screened by the laboratory to rule out anemia (value ≤ 11 gr / dl), obtaining 225 pregnant women with anemia, which represents 35% of the pregnant women screened (MINSA, 2004).

The objective of the research was to determine if malnutrition in pregnant women is the end result of an inadequate set of lifestyles that include scarce knowledge, attitudes and practices of poor eating and nutritional habits.

The specific objectives were to identify the behavior of the pregnant woman in relation to her diet and nutrition; recognize the behavior of the pregnant woman expressed by her attitudes towards the problem of her food and nutrition; determine the use or custom or lifestyle of pregnant women through their practices in food and nutrition (MINSA, 1999).

B. METHOD

An epidemiological, observational, descriptive, cross-sectional, and correlational study was carried out. The collection of information was probabilistic and simple random for the volume of the population, in which 156 surveys were applied to pregnant women who attended the Obstetric Service for their prenatal control during their first or second control. The survey was carried out during the months of April and May 2006, and was divided into 6 axes: (1) general data, (2) knowledge about nutrition, (3) nutritional attitudes, (4) food practices, (5) others food, (6) habits. Informed consent was obtained before conducting the study. The information obtained was entered into a database; For this, SPSS version 12.5 was used.

C. RESULT AND DISCUSSION

91% of the pregnant women evaluated know that they should eat 3 main meals and 1 snack. 59% know which foods facilitate the absorption of iron and 47% which ones are rich in this nutrient; 42% do not like little blood, 22% bofe, liver and

giblets 5%. 85% know that they should take ferrous sulfate. 86% know that they should drink milk, however only 35% consume it every day, 33% 2 to 3 times a week and sometimes 27% do. Regarding the egg, 38% consume it 2 to 3 times a week and 13% every day. 58% consume grilled chicken; hamburger, 30%; ice cream, 79%; cakes and sweets, 56%; soda, 66%.

General data

- <39% of the pregnant women who participated are between 15 and 24 years of age, a population considered young.
- <The predominant level of education is "secondary", with 64%.
- <The majority marital status is that of "cohabiting" with 65%; in second place, "married" with 20%, observing a very marked gap between the two civil states.
- <The occupation most observed among pregnant women is "housewife" with 73%, which is temporary due to their pregnancy.

Nutrition knowledge

- <85% are aware that they should ingest ferrous sulfate + folic acid tablets daily,
- <But only 59% recognize that it should be ingested with an acid soda.
- <67% identify that the ingestion of tea and coffee interferes with the absorption of iron.
- <91% know that they must eat three meals and a snack during pregnancy.
- <Only 47% know which foods are rich in iron.
- <86% know that they should drink milk during pregnancy,
- <And 73% acknowledge that they should consume giblets during pregnancy.

Nutritional attitudes

- <Foods of animal origin that the pregnant woman does not like are little blood in 42%, bofe in 22%, liver and giblets in 5%; 17% do not respond.
- <Vegetables they don't like: chard 45%; pumpkin 17%; broccoli 5%; 24% do not respond. The fruits are significantly accepted.

Food practices

- <35% of pregnant women consume milk on a "daily" basis.
- <Only 44% consume eggs "sometimes"; 38% do it 2 to 3 times a week; every day only 13% and 3% does not consume it.
- <With regard to foods rich in iron, consume "sometimes": 44%, fish; 47%, beef; 46%, liver; 55%, bofe; 54%, gizzard. The little blood "does not consume" 59%.
- <The intake of food "supplements" such as orange, makes it "sometimes" 35%, every day 26%; lemon, "sometimes" 17%, every day 38%; papaya, "sometimes" 57%, every day 6%; island banana, "sometimes" 29%, every day 21%.
- <The consumption of food "forces" on a daily basis: rice 72%; bread 59%; potato 44%; noodles 21%; sweet potato 4%, cassava 1%.

Other foods

Broad beans consumption: 2 to 3 times a week 32%, every day 18%; consumption of beans: 2 to 3 times a week, 58%; 7% every day; consumption of corn-

corn, 2 to 3 times a week 30%, every day 9%; consumption of quinoa-wheat, 2 to 3 times a week 35%, every day 5%; consumption of oats, 2 to 3 times a week 44%, every day 21%.

Habits

Grilled chicken consumption: yes 58%, no 37%, no response 5%; pizza: yes 14%, no 80%, no answer 6%; < cream consumption: yes 79%, no 17%, no response 4%; cakes and sweets: yes 56%, no 38%, no response 6%; soda: yes 66%, no 30%, no response 4%.

After knowing the results of the study carried out, these show us that the solution to the problem of malnutrition does not lie in the knowledge, practices and attitudes of the pregnant population, which are a conditioning factor but not a determining factor to achieve an improvement in this trouble.

The proposal, based on the diagnosis made, is to act in the three dimensions of the problem: person, family and community, under the focus of rights and gender equity, which promotes the self-development of women. The proposed solution for anemia and overweight must come from the same community or affected population in order to achieve an improvement in the nutritional quality of pregnant women.

In that sense, we propose some actions to follow:

- Promote the participation of the people who decide the menu.
- Establish sentinel surveillance with promoters to channel cases that do not recover (mainly due to economic factors) to popular soup kitchens in the area (such as social cases).
- Develop Advocacy through the vigilance committees of the zonal centrals of the popular soup kitchens, for the quality of the food that is provided by PRONAA so that they provide foods enriched with elemental vitamins and minerals to improve nutrition.
- Coordinate with organizations that work in the area to raise awareness on the issue of nutrition (anemia and overweight).
- Expand the offer of training on nutrition issues by Health personnel that is usually carried out in schools in the sector (aimed at teachers and parents).

D. CONCLUSION

The pregnant women interviewed, mostly housewives with secondary education, manual activities and cohabiting marital status, are people who know how many meals a day they should consume. Half know which foods are rich in iron and which ones facilitate its absorption; among foods rich in iron of animal origin, they indicate that the little blood and the bofe are not to their liking; only the liver is the most accepted. Protein foods of animal origin are little consumed and a high percentage of pregnant women have bad eating habits (consumption of junk foods). With respect to: Knowledge: They know the nutritional values of food. Attitudes: they have little preference and eat foods with little iron content, but they are feasible to improve because they identify foods rich in iron. Practices: They are apparently distorted by external factors, which must be located.

The eating habits of pregnant women, such as consuming ice cream, soda, grilled chicken, cakes and sweets (foods considered “junk”) are a reflection of the food industrialization in which we are immersed, observing an increase in their consumption in the population young. The preventive-promotional activities carried out by the Health sector are focused on "pregnant women", but in a large percentage it is not they who decide the family menu.

Gender relations at the intra family level condition the family diet (the man and the children make their food preference prevail, often at the expense of the woman's ration and well-being. The nutritional information, offered by the Information-Education-Communication Strategy (IEC) of the Ministry of Health (MINSA), is generating three groups: a group of pregnant women who recover from anemia, another that increases their weight but continues with anemia and a third group that does not recover.

REFERENCES

1. Estvez, E., Fuenmayor, G., Cornejo, D., Sosa, R., Vallejo, J., Huilca, O., & Jaramillo, M. (1999). Anemia Ferropriva and Pregnancy: Why and why supplement?. *Ecuadorian Journal of Gynecology and Obstetrics*, 199 (5), 2.
2. MINSA, (2004). Guías nacionales de atención integral de la salud sexual y Reproductiva. Dirección General de las Personas. Dirección Ejecutiva de Atención Integral de Salud.
3. MINSA, (1995). *Anemia durante el embarazo*. Lima: Instituto Nacional de Nutrición.
4. Tirado, BML (2015). *Satisfaction level of mothers of children under 2 years of age regarding the quality of nursing professional care in the growth and development program of Hospital Santa Rosa Lima-Peru, 2014* (Doctoral dissertation, Universidad Nacional Mayor De San Marcos).
5. MINSA, (1999). Normas Técnicas para la Prevención y Control de Deficiencias de Micronutrientes. Lima: MINSA.
6. Ruiz Veloz, JL (2018). *Factors That Affect the Prevalence of Anemia in Children under 3 Years of Age Who Attend the CNH 10 De Agosto of the Caranqui Parish, 2016-2017* (Bachelor's thesis).
7. Barona, CC (2011). *Public policies on food and nutrition: social nutrition programs in Ecuador*. Flacso-Ecuador Headquarters.