
SOCIAL WORK INTERVENTIONS TO IMPROVE NUTRITIONAL KNOWLEDGE AMONG RURAL PREGNANT WOMEN: A CASE STUDY IN CHAMARAJANAGARA DISTRICT

***¹Bhavya P., and ²Dr. M. P. Somashekar**

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 of Arts' Commerce and Science, Ooty Road Mysore-25.

²Associate Professor and HOD JSS College Reseach Centre affiliated to University of Mysore JSS College of Arts' Commerce and Science, Ooty Road, Mysore-25.

Article Received: 07 June 2025

***Corresponding Author: Bhavya P.**

Article Revised: 27 June 2025

Guest 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 of Arts' Commerce and Science, Ooty Road Mysore-25. Email Id: bhavya.p.nayak@gmail.com.

Published on: 17 July 2025

ABSTRACT

This study explores the effectiveness of social work interventions in improving nutritional knowledge and practices among pregnant women in rural areas of Chamarajanagara district, Karnataka. Maternal nutrition is a critical determinant of both maternal and fetal health, yet rural women often face multiple barriers including poverty, limited healthcare access, cultural taboos, and low educational levels. These challenges contribute to poor dietary practices, nutritional deficiencies, and adverse pregnancy outcomes. Social work plays a crucial role in addressing these issues by bridging knowledge gaps, promoting health education, and connecting women with available nutritional services.

The study was conducted with a representative sample of 400 rural pregnant women selected from five taluks using stratified random sampling. Data were collected through structured questionnaires and analyzed using descriptive and inferential statistical techniques such as Chi-square tests, ANOVA, and t-tests. Key areas examined include nutritional knowledge, attitudes, dietary practices, challenges, and the scope of social work interventions.

Findings indicate that while a majority of respondents demonstrated moderate nutritional knowledge, substantial gaps remain—particularly regarding micronutrient awareness and food diversity. Only a small percentage of women reported receiving consistent counseling or support from trained professionals. Social work interventions such as awareness camps, home visits, group counseling, and linkage to government schemes showed measurable benefits but lacked uniform implementation across regions.

The study concludes that integrated and culturally sensitive social work strategies are essential for improving maternal nutrition. Policy recommendations include strengthening rural outreach programs, training frontline workers in nutritional counseling, and enhancing community-based monitoring to ensure sustained maternal health outcomes.

KEYWORDS: Social Work, Nutritional Knowledge, Pregnancy, Rural Women, Intervention, Chamarajanagara, Maternal Health

INTRODUCTION

Maternal nutrition is a cornerstone of public health, significantly influencing the health and well-being of both mothers and their unborn children. Adequate intake of essential nutrients during pregnancy reduces the risk of complications such as anemia, low birth weight, and developmental delays. However, in rural regions like Chamarajanagara district in Karnataka, India, pregnant women continue to face substantial barriers that compromise their nutritional status. These include persistent poverty, lack of access to quality healthcare, low levels of formal education, and deeply rooted cultural beliefs that often discourage the consumption of certain nutrient-rich foods during pregnancy.

In such settings, social work interventions become crucial in bridging the gap between health services and vulnerable populations. Through awareness programs, counseling, group sessions, home visits, and collaboration with local health institutions, social workers can play a transformative role in promoting positive dietary behaviors and improving maternal health literacy. Their culturally sensitive approach enables them to address both structural and psychosocial barriers to good nutrition. This study aims to investigate the effectiveness of these interventions in enhancing nutritional knowledge and practices among rural pregnant women, offering evidence-based insights into how social work can contribute to healthier pregnancies and better health outcomes for future generations.

Objectives

- To assess the level of nutritional knowledge among rural pregnant women.
- To identify challenges in acquiring and applying nutrition knowledge.
- To evaluate the role and effectiveness of social work interventions.
- To recommend actionable strategies for improving maternal nutrition.

Hypotheses

1. **H₁:** There is a significant relationship between nutritional knowledge and social work intervention.
2. **H₂:** Social work interventions significantly improve attitudes and practices related to nutrition during pregnancy.
3. **H₃:** Socio-economic factors influence the effectiveness of nutrition-related social work interventions.

Research Methodology

The present study employed a descriptive and inferential research design to evaluate the effectiveness of social work interventions on nutritional knowledge and practices among rural pregnant women. The research was conducted in five taluks of Chamarajanagara District, Karnataka, a region characterized by limited access to healthcare and nutrition services. The sample comprised 400 pregnant women aged between 20 and 39 years, selected using a stratified random sampling method to ensure representation across different socio-economic backgrounds and geographic locations.

A structured questionnaire was used as the primary tool for data collection. It was divided into five key sections: nutritional knowledge, attitude toward nutrition, nutritional practices, challenges in acquiring nutrition, and exposure to social work interventions. The questionnaire was validated through a pilot study and expert review for content relevance and cultural appropriateness.

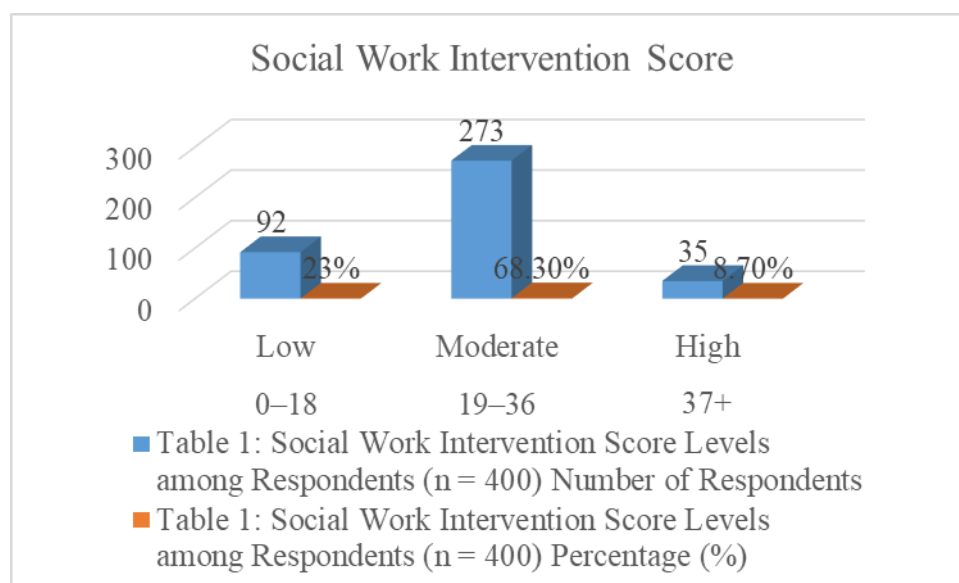
Data were analyzed using both descriptive statistics (frequency, mean, standard deviation) and inferential statistics, including Chi-square tests, independent t-tests, one-way ANOVA, and one-sample t-tests to examine group differences and associations.

The study adhered to strict ethical measures, including informed consent, confidentiality of responses, and ensuring voluntary participation. Ethical clearance was obtained from appropriate authorities, and participants were given the option to withdraw at any stage without consequence.

RESULTS AND ANALYSIS

Table 1: Social Work Intervention Score Levels among Respondents (n = 400).

Score Range	Level	Number of Respondents	Percentage (%)
0–18	Low	92	23%
19–36	Moderate	273	68.3%
37+	High	35	8.7%



Analysis

The majority of respondents (68.3%) experienced moderate levels of social work intervention, indicating partial but inconsistent exposure to programs such as counseling, home visits, awareness sessions, and linkage with nutritional schemes. A concerning 23% of women reported low levels of intervention, suggesting significant outreach gaps in certain areas. Only 8.7% received high-intensity intervention, highlighting a need for stronger, systematic social work engagement.

This disparity suggests that while social work efforts exist in rural Chamarajanagara, they are not uniformly implemented across all taluks and villages. Many women still lack regular access to nutrition education, counseling, or support groups—critical components in ensuring maternal and fetal health.

Intervention Recommendations

- Expand coverage of social work services, especially in under-represented and remote areas.
- Intensify home visits by trained social workers and Anganwadi staff.
- Strengthen collaboration between social workers, healthcare providers, and PHCs to ensure consistent messaging.
- Create peer support groups led by trained community health volunteers.
- Utilize culturally sensitive IEC materials (pamphlets, visual aids) to reinforce nutrition knowledge.

Major Findings

- Knowledge Deficit: 87.3% of women showed only moderate nutritional knowledge, with 57% knowledge gap compared to expected scores.
- Access Issues: 27.5% lived more than 30 km from health centers.
- Dietary Misconceptions: A majority were unaware of essential nutrients (e.g., folic acid, omega-3, iron-rich foods).
- Intervention Gaps: Social workers reached most areas, but depth and frequency of interaction were limited.
- Effective Measures: Home visits, personalized counseling, and integration with PHCs were the most impactful strategies.

Suggestions

- Increase training and deployment of social workers in rural areas.
- Conduct regular nutrition education camps in collaboration with Anganwadi and PHC workers.
- Develop culturally sensitive IEC materials (posters, pamphlets).
- Establish peer support groups for pregnant women.
- Integrate nutrition-focused modules in government maternity schemes.

CONCLUSION

This study highlights the critical role of social work interventions in addressing maternal nutrition challenges among rural pregnant women in Chamarajanagara district. While some level of intervention exists, it remains underutilized and unevenly distributed across regions. Social workers, through awareness camps, counseling, and home visits, have demonstrated the potential to bridge knowledge gaps and promote healthier dietary practices. However, the findings reveal that a large proportion of women still lack access to consistent, culturally appropriate, and personalized nutritional support.

By strengthening grassroots-level social work efforts, particularly in collaboration with Anganwadi workers and primary health centers, rural health outcomes can be significantly improved. Interventions must be better targeted, scaled up, and embedded into existing maternal healthcare programs. Empowering women with accurate nutritional knowledge and supportive community structures not only improves pregnancy outcomes but also lays the foundation for long-term family and community well-being. Social work must be recognized as an essential pillar in promoting maternal health.

REFERENCES

1. World Health Organization (2020). Nutrition during pregnancy: Practices and recommendations. Geneva: WHO.
2. UNICEF (2019). Improving maternal nutrition: A global commitment. New York: UNICEF.
3. Jones, R., & Smith, P. (2018). Maternal Nutrition in Developing Countries. *Journal of Global Health*, 8(2), 123-132.
4. Rao, R., & Sharma, S. (2022). Barriers to nutritional access among rural women in Karnataka. *Indian Journal of Public Health*, 66(1), 45-52.
5. Gupta, N., & Verma, S. (2021). Impact of health education on pregnant women's nutrition knowledge. *International Journal of Community Medicine*, 6(4), 112-118.
6. Kumar, A., & Singh, R. (2019). Micronutrient deficiencies among rural pregnant women. *Asian Journal of Clinical Nutrition*, 11(3), 90-96.
7. Patel, R., & Gupta, M. (2022). Culturally sensitive nutrition interventions in India. *Nutrition & Health*, 28(3), 250-260.
8. Reddy, P., & Das, M. (2020). Role of community health workers in rural maternal care. *Social Work in Health Care*, 59(7), 473-486.
9. Chopra, M., & Verma, L. (2021). Social work interventions in maternal healthcare. *Indian Journal of Social Work*, 82(2), 101-115.
10. Devi, S., & Rani, P. (2019). Traditional beliefs and dietary practices during pregnancy in South India. *Anthropology & Health*, 7(2), 55-63.
11. National Family Health Survey (NFHS-5), Ministry of Health and Family Welfare, Govt. of India (2021).
12. Das, K., & Banerjee, S. (2021). The influence of social work on pregnancy-related nutritional practices. *Indian Journal of Nutrition and Dietetics*, 58(4), 390-401.
13. Singh, M., & Kumar, D. (2020). Nutrition education among rural women: An empirical study. *International Journal of Rural Health*, 14(1), 70-78.
14. Bala, R., & Joshi, A. (2020). Cultural food taboos and maternal nutrition. *Journal of Community Medicine*, 45(5), 415-422.
15. Rao, V., & Menon, P. (2018). Nutritional awareness and behavior among expectant mothers. *Journal of Maternal Health*, 12(3), 233-239.
16. Aggarwal, A., & Sharma, R. (2018). Dietary practices and pregnancy outcomes. *Journal of Obstetrics and Gynecology India*, 68(2), 150-156.
17. Bhardwaj, S., & Singh, N. (2020). Social work and rural healthcare systems. *Journal of Rural Development Studies*, 36(1), 95-104.
18. Mishra, P., & Roy, K. (2021). Assessing the reach of maternal nutrition schemes in India. *Public Policy & Governance Review*, 17(2), 109-119.
19. Choudhary, V., & Verma, P. (2019). Nutrition education and behavioral change among rural women. *Health Promotion International*, 34(4), 765-773.
20. FAO Maternal and child nutrition: Building sustainable systems. Rome: Food and Agriculture Organization of the United Nations, (2020).