Original Research Article

Knowledge, Attitude and Practice (KAP) on Nutrition among Rural Farm Women of Chickballapur District of Karnataka

ABSTRACT

The present study was carried out with the objectives to assess Knowledge, Attitude, and Practice (KAP) of rural farm women on nutrition along with personal, socio economic profile. A total of 200 rural farm women from five villages of Shidlaghatta block, Chickballapur district were selected purposively for the study. Random sampling technique was used for the selection of the respondents. The data on socio-economic status, personnel characteristics and nutritional Knowledge, Attitude and Practice of the subjects were collected through a developed questionnaire. Study results reveals that 44.5 per cent of the rural farm women belongs to middle age, 28.0 per cent had high school education followed by 24.0 per cent illiterate. Majority (93.0%) are married, most (63.5%) of them have agriculture as main occupation, More than half (53.0%) belongs to nuclear family, 47.5 per cent have small family, nearly three fourth (69.0%) have 2-4 earners in the family. About 53.5 per cent have marginal land holdings followed by 27.5 per cent small, 65.0 per cent belong to medium family income, 65.5 per cent had medium mass media exposure, and 70.5 per cent had medium level of extension contact. More than one third (34.5 %) of the rural farm women had high knowledge, followed by low (33.5 %) and medium (32.0 %). Thirty six per cent of had less favorable attitude towards nutrition, whereas 34.0 per cent had favorable attitude and 30.0 per cent had more favorable attitude. In case of nutrition practice 40.0 per cent had poor practice, 35.5 per cent had fair practice, and 24.5 per cent had good practice. From present study it is concluded that there was more knowledge of rural farm women on nutritional aspects, less favorable attitude and poor practice of nutrition. Hence, intervention strategies need to be introduced to improve the health and nutritional status of rural farm women.

Key words: Knowledge, Attitude, and Practices (KAP), Nutrition, Rural farm women, Socio Economic profile

INTRODUCTION

Malnutrition is a complex global Problem; though green revolution has increased food production, still poverty and malnutrition continue to exist and even today malnutrition remains a pressing global challenge. Food and nutrition security would be the major challenges for growing population. Agriculture and nutrition are closely linked and agriculture has strong potential in many ways which it can influence the underlying determinants of nutrition outcomes through improving global food availability and access and through enhancing household food security, dietary quality, income, and women's empowerment.

Traditionally agricultural interventions have focused on increasing food production and rising incomes to reduce malnutrition, hunger, and poverty. Although this remains part of a valid approach, it is now recognized that higher levels of production and income alone have limited impact on improving nutrition. More comprehensive approach is necessary to optimize agriculture's contribution to good nutrition and make agriculture nutri-sensitive.

According to the World Food Programme, 135 million suffer from acute hunger largely due to man-made conflicts, climate change, and economic downturns. The COVID-19 pandemic could double the number in upcoming years. Globally, around two billion people suffer from malnutrition, while 815 million people are undernourished. Children are the most affected by malnutrition; as a result 151 million children under the age of five are stunted, while 51 million do not weigh enough according to height (wasting). Nearly 45.0 per cent of deaths among children under the age of five are associated with malnutrition. In India, 21.9 per cent of the population lives in extreme poverty, and it is estimated that 15.2 per cent of people are undernourished. To address this nutritional supplementation is done through many modes like commercial fortification, medical supplementation, dietary diversification, and bio fortification.

Nutritional supplements are expensive it estimated that Rs. 41,764 lakh crore is required a year to deliver 14 essential nutrition interventions at full coverage across India (1). Despite a National Nutritional Anaemia Prophylaxis Programme addressing anaemia through supplementation over the past 50 years, more than half of India's children under five (58.6%) and women (53.1%) were anaemic in 2016, Ministry of Health and Family Welfare's National Family Health Survey, 2015-16.

Nutrition intervention strategies are selected to change nutritional intake, nutrition-related knowledge or behavior, environmental conditions, or access to supportive care and services. Nutrition intervention goals provide the basis for monitoring progress and measuring outcomes. Nutrition intervention refers to corrective measures that are undertaken to rectify the occurrence of overall malnutrition on specific nutrient deficiency or excess when there is a nutritional problem in a country and if the magnitude and the causes of the problem are known intervention can be planned.

The nutritional status of a community is influenced by a lot of interrelated and complex factors. Nutrition knowledge, their attitude and practice is also one among them. Knowledge of nutrition is one of the factors that shape the nutritional behavior of individuals as well as communities. It is crucial for encouraging healthy eating habits and is also a need to promote a positive attitude and practice towards healthy eating habits. Hence the present study was undertaken to assess the nutrition knowledge, attitude and practices of the respondents so that gaps can be identified and suitable effective intervention can be designed.

MATERIAL AND METHODS

The present investigation was carried out in Chickballapur district of Karnataka State during 2021-22. A total of 200 rural farm women were interviewed from five villages viz., Thippenahalli, Bodaguru, Basavapattana, Yenanguru and Hosapete of Shidlaghatta taluk using a pre-tested interview schedule. “Ex-post facto” research design was used.

Information regarding socio-demographic characteristics viz., age, education, marital status, occupation, family size, family type, number of earners in the family, land holding, family income, mass media exposure and extension contact was analyzed using percentage, frequencies, mean, standard deviation, correlation coefficient and multiple regression.

Nutritional KAP (Knowledge, Attitude and Practice) in the present study is operationally defined as the *‘know how about nutrition, positive or negative feelings towards nutrition and usage of nutritional food in their daily diet’*. It was analyzed using pre-tested interview schedule developed for the study. Knowledge component consists of 23 statements and each statement was measured using Yes or No by assigning a score of 1 and 0, respectively. The minimum and maximum score one could get was 0 and 23, respectively. Higher the score indicates that the rural farm women having more knowledge towards nutrition and lesser the score indicates that the rural farm women having less knowledge towards nutrition. Based on mean (11.87) and standard deviation (4.33), the rural farm women were categorized into low, medium, and high categories.

Table 1 : socio-demographic characteristics (Type 1)

Category	Criteria	Score
Low	<(Mean – ½ SD)	<9.71
Medium	(Mean $\pm$ ½SD)	9.71-14.1
High	> (Mean + ½ SD)	>14.1
Mean =11.875; Standard deviation = 4.335		

Attitude component consists of 23 statements and each statement was measured on a three-point continuum namely agree, disagree, and do not know by assigning a score of 2, 1 and 0, respectively. The summated score for all the 23

attitude statements was considered as attitude score. The minimum and maximum score one could get was 0 and 46, respectively. Higher the score indicates that the women possess favorable attitude towards nutrition and lesser the attitude score indicates that the women possess unfavorable attitude. Based on mean (32.18) and standard deviation (3.92), the rural farm women were categorized into less favorable, favorable, and more favorable attitude categories.

Table 2 : socio-demographic characteristics (Type 2)

Category	Criteria	Score
Less favorable	<(Mean – ½ SD)	<30.22
Favorable	(Mean ± ½SD)	30.22-34.13
More favorable	> (Mean + ½ SD)	>34.13
Mean = 32.18; Standard deviation = 3.92		

Practice component consists of 23 statements and each statement was measured using Yes or No by assigning a score of 1 and 0, respectively. The minimum and maximum score one could get was 0 and 23, respectively. Higher the score indicates that the rural farm women practicing more nutritional food and lesser the score indicates that the rural farm women practicing less nutritional food. Based on mean (10.32) and standard deviation (3.61), the rural farm women were categorized into poor, fair, and good categories.

List 3 : socio-demographic characteristics (Type 3)

Category	Criteria	Score
Poor	<(Mean – ½ SD)	<8.51
Fair	(Mean ± ½SD)	8.51-12.12
Good	> (Mean + ½ SD)	>12.12
Mean = 10.32; Standard deviation = 3.61		

RESULTS AND DISCUSSION

1. SOCIO-DEMOGRAPHIC PROFILE OF RURAL FARM WOMEN

Results in Table 1 highlights that 44.5 per cent of the rural farm women belong to middle age category followed by young (32.0 %) and old age (23.5%). It was incidental that more number of respondents was in the middle age group. Moreover, middle aged farm women have more family responsibility, efficiency, and sensibility. They may also work with a sense of commitment and involvement.

It could be seen from Table 1 that 28.0 per cent had high school education followed by 24.0 per cent illiterate, 14.0 per cent middle school, 13.0 per cent intermediate, 11.0 per cent graduation and above, 10.0 per cent up to primary school. It is universal fact that education plays a key role in moulding and bringing desirable changes among human beings. All the respondents were relatively

educated, which could be the result of a common social environment. As the majority of the farm women were educated, they were able to gather knowledge on nutritional practices in the present scenario. Contradictory findings were reported by (2) and (3).

Majority (93.0%) of rural farm women are married, negligible number (06.0%) is separated and none of them are divorced/single.

It is evident that most (63.5%) of the rural farm women have agriculture as main occupation, followed by 22.0 per cent are house wife, 06.5 per cent are labor, 06.0 per cent are service (Govt./Private) and 02.0 per cent have small business.

It is observed that 47.5 per cent of rural farm women have small family followed by medium family (33.0 %) and large family (19.5 %). The present trend in the villages is also to have a small family for better decision making, economic progress, and quality of life. Similar findings were reported by Bhattacharya and (4), (5) and (3).

More than half (53.0%) of the rural farm women belongs to nuclear family, 36.5 per cent belongs to joint family and only 10.5 per cent belongs to extended family. The findings are in line with the findings of (6).

It could be seen in table 4 that nearly three fourth (69.0%) of rural farm women have 2-4 earners in the family followed by less than 2 earners (21.0%) and more than 4 earners (10.0%).

Table 4: Demographic profile of rural farm women

N=200

Characters	Category	No.	%
Age	Young (18-35yrs)	64	32.0
	Middle (36-50yrs)	89	44.5
	Old(above 50yrs)	47	23.5
Education	Illiterate	48	24
	Up to Primary School	20	10
	Middle School	28	14
	High School	56	28
	Intermediate	26	13
	Graduation& Above	22	11
Marital Status	Single	0	0
	Married	186	93
	Divorcee	0	0
	Widow	12	6
	Separated	2	1
Occupation	Agriculture	127	63.5
	Labour	13	6.5

	Service (Govt./Private)	12	6.0
	Small Business	4	2.0
	House wife	44	22.0
Family Size	Small family (1-4 members)	95	47.5
	Medium family (5-6 members)	66	33.0
	Large family (>6 members)	39	19.5
Family type	Nuclear family	106	53
	Joint family	73	36.5
	Extended family	21	10.5
Number of earners in the family	< 2 earners	42	21.0
	2 – 4 earners	138	69.0
	> 4 earners	20	10.0

2. SOCIO-ECONOMIC PROFILE OF RURAL FARM WOMEN

From Table 2 it could be seen that 64.5 per cent of rural farm women have marginal land holdings followed by 27.5 per cent small, 5.5 per cent semi-medium, 1.5 per cent medium and none were in large land holding category. The land holding distribution is matching with the general trends in the country that 80 per cent of the land holding in the country are small and medium size. The possible reason that could be attributed to this may be that agriculture was found to be the main occupation of the family who has inherited it from their ancestors and almost all depend on their land for living.

It is evident from the table 2 that 65.0 per cent of rural farm women belong to medium family income followed by 34.5 per cent low and 0.5 per cent was in high income category.

A glance at the Table 2 reveals that 65.5 per cent of the rural farm women had medium mass media exposure, followed by low (18.0%) and high (16.5%). Farmers in present days are having more access to the mass media such as television, radio, newspapers, and farm magazines. They have the habit of reading newspaper and farm magazines, listening to radio programmes and watching television for agricultural information in general and nutritional aspects in particular. Mass media are known for their accuracy, consistency, security, timeliness, completeness, reliability, accessibility, objectivity, relevancy, usability, understandability, reputation, usefulness, efficiency, and value-addition. Majority of the rural farm women had medium participation in mass media which explains that they were very much dependent on mass media not only as a source of news and information, but also as a source of entertainment and leisure. In general, it increases the awareness levels of the farm women on the nutritional KAP. They help to update latest developments which are a good sign and speak about the interest of

respondents to view the things. Thus, their mass media exposure helps for upgrading nutritional knowledge.

It is accounted from Table 5 that 70.5 per cent of rural farm women had medium level of extension contact which is followed by high (16.0%) and low (13.5%). Different sources of information influence the knowledge, attitude, and practice of the individual towards nutrition. The medium extension contact of rural farm women was due to the fact that extension contact results is a purposeful action to seek more information and to clarify the doubts pertaining to the nutrition from the officials of the development departments and other selected organizations.

Table 5: Socio-economic profile of rural farm women

N=200

Characters	Category	No.	%
Land Holding (hectors)	Marginal holding (Up to 1 hectares)	129	64.5
	Small holding (1-2 hectares)	57	27.5
	Semi-medium holding (2-4 hectares)	11	5.5
	Medium holding (4-10 hectares)	3	1.5
	Large holding (10 hectares or above)	0	0
Family Income	Low (BPL) upto 1,32,000	69	34.5
	Medium (1,32,000 to 5,72,000)	130	65.0
	High (APL) (above 5,72,000)	1	0.5
Mass media exposure Mean = 7.46 SD = 1.103	Low	36	18.0
	Medium	131	65.5
	High	33	16.5
Extension contact Mean = 8.49 SD = 2.83	Low	27	13.5
	Medium	141	70.5
	High	32	16

3. NUTRITIONAL KNOWLEDGE, ATTITUDE, AND PRACTICE OF RURAL FARM WOMEN

3.1 NUTRITIONAL KNOWLEDGE OF THE RURAL FARM WOMEN

A glance of Figure 1 reveals that more than one third (34.5 %) of the rural farm women had high knowledge, followed by low (33.5 %) and medium (32.0 %). These results of the study are in conformity with that of (7). However, the findings are contradictory to that results reported by Ruth Charles et al. (2020).

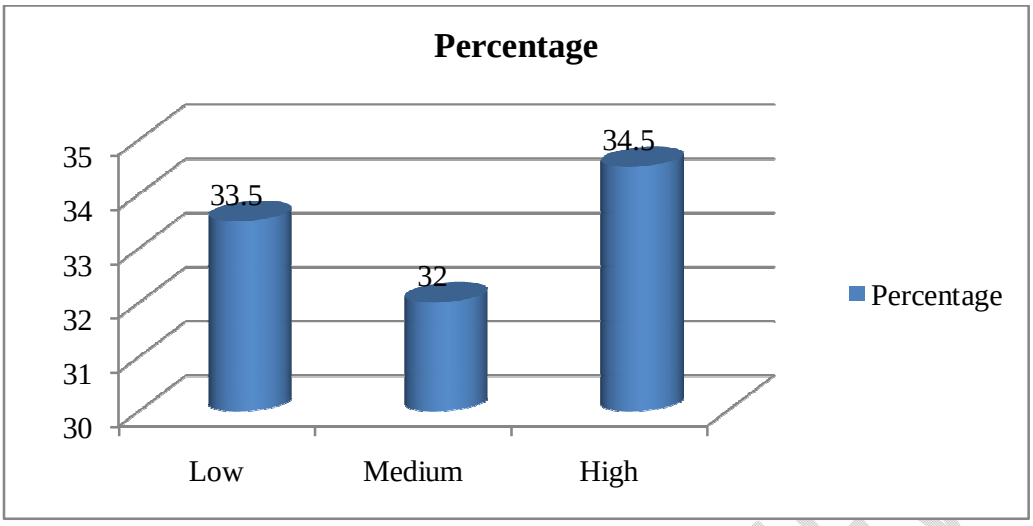

Figure 1: Nutritional Knowledge of the rural farm women

3.2 STATEMENT-WISE NUTRITIONAL KNOWLEDGE OF RURAL FARM WOMEN

The results in Table 6 presents the data on the statement-wise nutritional knowledge of rural farm women, nearly cent per cent of rural farm women have knowledge on Kitchen garden provides fresh fruits and vegetables (98.5 %) and cutting nails timely is hygienic practice (98%), 89.0 per cent have knowledge on morning walking and jogging are good for health, followed by milk and milk products enhance calcium and is important for bone health (78.5 %), Obesity may be due to excess intake of fat (77.0 %), Millets are better for health than rice and wheat & balanced diet is essential for good health (71.0 %), drinking tap water is not good for health (63.5 %), ideal body weight is necessary to maintain good health (63.0 %), anaemia is due to deficiency of Vitamin A (56.5 %), females need more iron in diet than male (54.0 %), egg is complete protein (50.5 %), Cereals are rich source of carbohydrates (46.5%), protein is necessary for good hemoglobin status and Intake of green leafy vegetables (GLV) enhances vitamin C (36.5 %), Supplementary diet is necessary to overcome deficiency of nutrients (36.0 %),GLV's are good source of folic acid (33.0%), Nutri Thali is nothing but a balanced diet (27.5%). Lesser percentage of rural farm women answered negative questions such as sprouting will not improve nutrient availability (34.0%), Regular consumption of junk food is good for health (20.0%), Washing hands before eating food is not a good practice (18.5%), Skipping meals is good for health (14.5 %) and only 14.0 per cent have knowledge of super foods.

Table 6: Statement-wise nutritional knowledge of the rural farm women

N=200

No.	Statements	No.	%
1	Are you aware of super foods	28	14.0
2	Millets are better for health than rice and wheat	142	71.0
3	NutriThali is nothing but a balanced diet	55	27.5

4	Balanced diet is essential for good health	142	71.0
5 (-)	Skipping meals is good for health	29	14.5
6	Cutting nails timely is hygienic practice	196	98.0
7 (-)	Anaemia is due to deficiency of Vit. A	113	56.5
8	Ideal body weight is necessary to maintain good health	126	63.0
9 (-)	Intake of green leafy vegetables (GLV) enhances Vit. C	73	36.5
10	Drinking tap water is not good for health	127	63.5
11 (-)	Washing hands before eating food is not a good practice	37	18.5
12	Morning walking and jogging are good for health	178	89.0
13	Kitchen garden provides fresh fruits and vegetables	197	98.5
14	Cereals are rich source of carbohydrates	93	46.5
15 (-)	Sprouting will not improve nutrient availability	68	34.0
16	Obesity may be due to excess intake of fat	154	77.0
17	Egg is complete protein	101	50.5
18 (-)	Regular consumption of junk food is good for health	40	20.0
19	Milk and milk products enhance calcium and is important for bone health	157	78.5
20 (-)	Females need more iron in diet than male	108	54.0
21	GLV's are good source of folic acid	66	33.0
22	Supplementary diet is necessary to overcome deficiency of nutrients	72	36.0
23 (-)	Protein is necessary for good Hb status	73	36.5

*** (-) – indicates negative statements**

3.3 NUTRITIONAL ATTITUDE OF THE RURAL FARM WOMEN

It is evident from Figure 2 that 36.0 per cent of rural farm women had less favorable attitude, whereas 34.0 per cent had favorable and 30.0 per cent had more favorable attitude towards nutrition. The findings are in line with the results reported by (8)

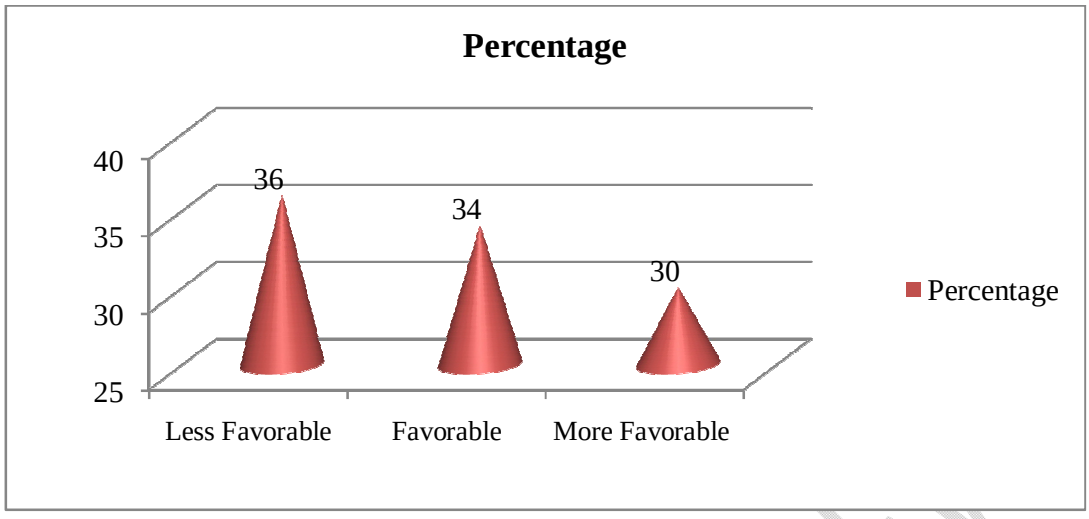

Figure 2: Nutritional attitude of the rural farm women

3.4. STATEMENT-WISE NUTRITIONAL ATTITUDE OF THE RURAL FARM WOMEN

Data in table 7 reveals that statement-wise nutritional attitude of the rural women, the statement 'We should maintain personal hygiene' obtained an attitude score of 381 and was accorded the first rank by the farm women. The statement 'Consuming raw vegetables is good for health' received an attitude score of 380 and was ranked second. The statement 'We should consume sprouted grains' obtained an attitude score of 368 and was ranked third by the farmers. 'We should cut nails regularly' was ranked fourth with an attitude score of 367. The statement 'Kitchen garden is necessary to get fresh fruits and vegetables' received an attitude score of 363 and was ranked fifth. The statements 'Morning walk and jogging improves the health' and 'We should not skip meals' obtained attitude scores of 348 and 335 and were ranked sixth and seventh, respectively. The statements 'Diet should include cup of milk' and 'There is no need for diet diversification Diet should include variety of foods' received attitude scores of 330 and 325 and were accorded eighth and ninth ranks, respectively.

Table 7: Statement-wise nutritional attitude of the rural farm women

N=200

No.	Statements	Score	Rank
1	Consumption of super foods is essential for getting phytonutrients	234	18
2	Millets helps in management of lifestyle disorders	297	13
3 (-)	NutriThali is not essential for all age group	186	19
4	We should consume balanced diet	323	10
5	We should not skip meals	335	7
6	We should cut nails regularly	367	4
7	We should maintain personal hygiene	381	1
8 (-)	There is no need to maintain ideal body weight	161	20

9	We should include green leafy vegetables in daily diet to prevent anaemia	270	17
10	We should avoid drinking direct tap water	272	16
11 (-)	We should not wash hands before food intake	36	23
12	Morning walk and jogging improves the health	348	6
13	Kitchen garden is necessary to get fresh fruits and vegetables	363	5
14	Protein rich food should be included in our diet	294	14
15	We should consume sprouted grains	368	3
16	Fried, baked foods should be restricted	289	15
17	Consuming raw vegetables is good for health	380	2
18 (-)	Junk and road side food are healthy and hygienic	111	22
19 (-)	There is no need for diet diversification Diet should include variety of foods	325	9
20	Diet should include cup of milk	330	8
21	Egg should be included in daily diet	314	11
22	The daily diet include grains, root and tubers	308	12
23 (-)	Nuts and oilseeds should be avoided in daily diet	143	21

*** (-) – indicates negative statements**

The remaining attitude statements, namely, 'We should consume balanced diet', 'Egg should be included in daily diet', 'The daily diet include grains, root and tubers', 'Millets helps in management of lifestyle disorders', 'Protein rich food should be included in our diet', 'Fried, baked foods should be restricted', 'We should avoid drinking direct tap water', 'We should include green leafy vegetables in daily diet to prevent anaemia', 'Consumption of super foods is essential for getting phytonutrients', 'NutriThali is not essential for all age group', 'There is no need to maintain ideal body weight', 'Nuts and oilseeds should be avoided in daily diet', 'Junk and road side food are healthy and hygienic',and 'We should not wash hands before food intake' received scores of 323, 314, 308, 297, 294, 289, 272, 270, 234, 186, 161, 143, 111, and 36 and was ranked tenth, eleventh, twelfth, thirteenth, fourteenth, fifteenth, sixteenth, seventeenth, eighteenth, nineteenth, twentieth, twenty first, twenty second and twenty third, respectively.

3.5 NUTRITIONAL PRACTICE OF THE RURAL FARM WOMEN

Figure 3 revealed that 40.0 per cent of rural farm women had poor practice, 35.5 per cent had fair practice, and 24.5 per cent had good practice of nutrition. The findings are in line with the results reported by (8).

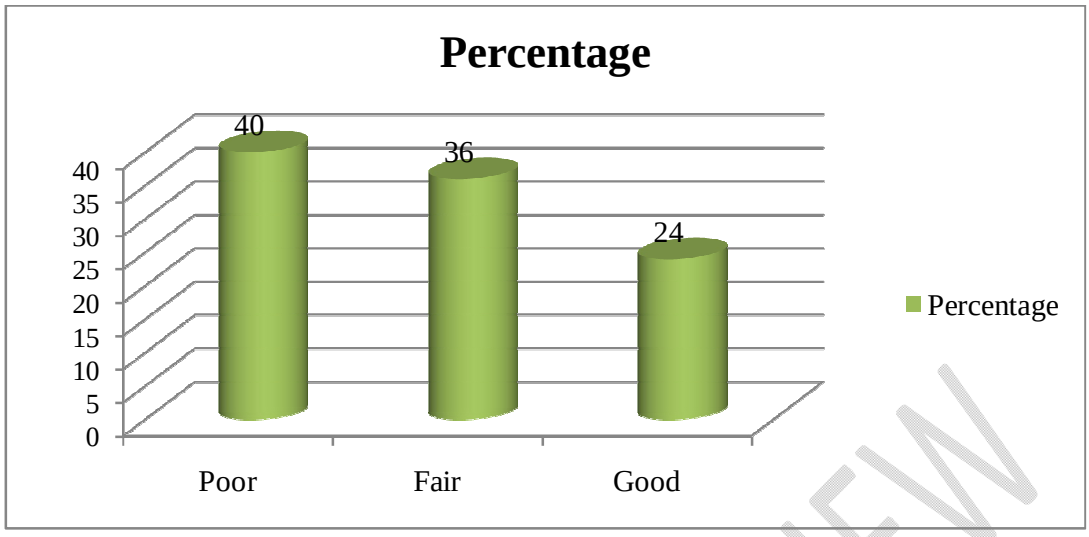

Figure 3: Nutritional practice of the rural farm women

3.6. STATEMENT-WISE NUTRITIONAL PRACTICE OF THE RURAL FARM WOMEN

Data in table 8 reveals that statement-wise nutritional practice of the rural farm women, only 2.5 per cent of rural farm women use Chia seeds, Quinova seeds and flax seeds in their diet, 85.0 per cent use millets in daily diet, 24.5 per cent daily diet consists of all five foods, 32.0 per cent consume balanced diet daily, 66.5 per cent skip meals, 83.5 per cent cut nails frequently, 85.0 per cent keep themselves hygiene, 21.0 per cent work out to maintain ideal body weight, 14.0 per cent consume GLV's daily, 35.0 per cent drink tap water, 96.0 per cent wash their hands before having food, 18.5 per cent do daily walk and jogging, 15.5 per cent maintaining kitchen garden at home, 92.0 per cent consume cereals in daily diet, 87.5 per cent consume sprouted grains, 22.0 per cent consume fried, baked foods daily, 52.0 per cent eat enough fruits and vegetables, 19.0 per cent exercise or walk daily, 25.0 per cent consume roots and tubers daily, 8.0 per cent take supplement diet, 33.0 per cent eat egg daily/frequently and 39.0 per cent eat fruits and vegetables daily.

Table 8: Statement-wise nutritional practice of the rural farm women

N=200

No.	Statements	No.	%
1	Do you use Chia seeds, Quinova seeds and flax seeds in your diet	5	2.5
2	Do you use millets in your daily diet	170	85.0
3	Your daily diet consists of all five foods	49	24.5
4	Do you consume balanced diet daily	64	32.0
5 (-)	Do you skip meals	133	66.5
6	Do you cut your nails frequency	167	83.5
7	Do you keep yourself hygiene	170	85.0
8	Will you do any work out to maintain ideal body weight	42	21.0

9	Do you consume GLV's daily	28	14.0
10 (-)	Do you drink tap water	70	35.0
11	Do you wash your hands before having food	192	96.0
12	Will you do daily walk and jogging	37	18.5
13	Are you maintaining kitchen garden at home	31	15.5
14	Do you consume cereals in daily diet	184	92.0
15	Do you consume sprouted grains	175	87.5
16 (-)	Do you consume fried, baked foods daily	44	22.0
17	Do you eat enough fruits and vegetables	104	52.0
18	Do you drink milk and milk products daily	151	75.5
19	Do you exercise or walk daily	38	19.0
20	Do you consume roots and tubers daily	50	25.0
21	Do you take supplement diet	16	8.0
22	Do you eat egg daily/frequently	66	33.0
23	Do you eat fruits and vegetables daily	78	39.0

*** (-) – indicates negative statements**

3.7. CORRELATION BETWEEN SOCIO-DEMOGRAPHIC PROFILE WITH KAP

Data in table 6 indicates the relationship between independent variables and KAP. The variables like land holdings, family income, number of earners in the family, family size, extension contact had positive relationship with nutritional knowledge and attitude, whereas age and mass media exposure had negative relationship. In case of nutritional practice age, number of earners in the family, family size, mass media exposure and extension contact had negative relationship, whereas land holdings, family income had positive relationship.

With regards to nutritional knowledge with nutritional attitude and practice had positive relationship, whereas nutritional attitude with nutritional practice had positive relationship.

Table 9: Correlation between Socio-Demographic profile with KAP

Variable	Knowledge	Attitude	Practice
Age	-0.131	-0.149	-0.110
Land holdings (Acres)	0.058	0.094	0.105
Family Income	0.261	0.182	0.157
Number of earners in the family	0.138	0.116	-0.026
Family Size	0.075	0.030	-0.064
Mass Media Exposure	-0.035	-0.044	-0.118
Extension Contact	0.017	0.024	-0.040
Knowledge	1.000	0.432	0.411
Attitude		1.000	0.190

Practice			1.000

CONCLUSION

From present study it is concluded that there was more knowledge of rural farm women on nutritional aspects, less favorable attitude and poor practice of nutrition. Hence, intervention strategies need to be designed appropriately to improve the health and nutritional status of rural farm women.

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