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Social Work Intervention and Nutrition: A Study among Rural Pregnant Women in Chamarajanagara District

1. Bhavya.P* Head of the Department in Department of Social Work Chamarajanagara University Suvarnagangotri Chamarajanagara & Research scholar P.G Department of Social Work, JSS College Arts Commerce and Science Ooty Road Mysore-25.
Email id: bhavya.p.nayak@gmail.com
2. Dr. M.P Somashekar**Associate Professor and HOD JSS College of Arts Commerce and Science, Ooty Road, Mysore-25. Email id: mswsomashekar@gmail.com
3. Dr C Jaya Ramulu Associate Professor & DEAN-School of Computing, Sri Venkateswara Institute of technology, Anantapur,AP. Email id: jayaramcomp@gmail.com

Abstract:

Maternal nutrition is a fundamental determinant of maternal health, fetal growth, and long-term child development. Adequate intake of essential nutrients during pregnancy helps prevent complications such as anemia, low birth weight, and maternal morbidity. However, in rural regions like Chamarajanagara district, persistent challenges such as low socioeconomic status, limited educational attainment, cultural food beliefs, and restricted access to healthcare services adversely affect nutritional awareness and dietary practices among pregnant women. Despite the presence of government nutrition and antenatal care programs, gaps remain between nutritional knowledge and its practical application. This study aims to assess the nutritional knowledge, attitudes, and practices (KAP) of rural pregnant women and to examine the socio-demographic and healthcare-related factors influencing their dietary behavior.

Methods:

A cross-sectional descriptive study was conducted among 300 pregnant women from selected rural villages of Chamarajanagara district. Data were collected using a structured and pre-tested questionnaire covering socio-demographic characteristics, nutritional knowledge, dietary practices, and exposure to health and nutrition education. Statistical analysis included descriptive statistics, chi-square tests, and regression analysis to identify associations between variables.

Results:

The mean nutritional knowledge score was 58% (SD ±12), while the mean practice score was 45%, indicating a significant gap between awareness and implementation. Only 22% of respondents met the recommended dietary diversity standards. Higher educational status, regular antenatal care attendance, and exposure to nutrition education were significantly associated with improved dietary practices ($p < 0.05$). Graphical illustrations depict variations in knowledge and practices, and a comparative table demonstrates the relationship between demographic factors and dietary outcomes.

Conclusion:

Although rural pregnant women possess moderate nutritional awareness, their dietary practices remain inadequate. Strengthening community-based nutrition education, improving food accessibility, and integrating nutrition counseling within antenatal care services are essential to enhance maternal and fetal health outcomes.

Keywords:

Maternal nutrition, nutritional knowledge, dietary practices, rural pregnant women, antenatal care, dietary diversity, health education, KAP survey, socioeconomic factors, maternal health, fetal outcomes, social work intervention, community nutrition programs

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1. Introduction

1.1 Background

Maternal nutrition is one of the most significant determinants of maternal and child health, as it directly influences pregnancy outcomes and long-term well-being. Adequate intake of essential nutrients such as iron, folic acid, calcium, and protein is crucial for supporting healthy fetal growth, brain development, and immune function. Proper nutrition during pregnancy helps prevent complications such as anemia, gestational hypertension, and infections in mothers. Conversely, inadequate maternal nutrition can result in serious adverse outcomes, including low birth weight, preterm delivery, intrauterine growth retardation, and developmental delays in infants. Poor nutritional status also increases the risk of maternal fatigue, anemia, weakened immunity, and pregnancy-related complications, which may contribute to higher maternal morbidity and mortality. In rural and socioeconomically disadvantaged settings, lack of awareness, food insecurity, and limited access to healthcare services further aggravate nutritional deficiencies among pregnant women. Therefore, improving maternal nutrition through education, supplementation, and community-based interventions is essential to ensure healthy pregnancies and to promote the overall well-being of both mothers and children (World Health Organization [WHO], 2021).

In rural regions such as Chamarajanagara district of Karnataka, India, socio-economic and cultural factors significantly worsen nutritional challenges among pregnant women. Widespread poverty limits household food security and reduces the ability to purchase nutritious foods such as fruits, vegetables, and protein-rich items. Low levels of education and inadequate nutritional awareness further hinder women from understanding the importance of a balanced diet during pregnancy. Limited access to healthcare facilities, especially in remote villages, restricts regular antenatal check-ups and timely nutritional counseling. Additionally, deeply rooted traditional food practices and food taboos often discourage the consumption of certain nutritious foods during pregnancy. Gender inequality within households also affects maternal nutrition, as women frequently prioritize the dietary needs of other family members and consume food last and in smaller portions. These combined factors contribute to persistent undernutrition, anemia, and poor pregnancy outcomes, highlighting the need for targeted, community-based nutritional interventions and awareness programs (National Family Health Survey [NFHS-5], 2020).

Social workers play a vital role in addressing nutritional disparities among pregnant women, especially in rural communities. They promote nutritional awareness by educating women and their families about the importance of balanced diets, micronutrient intake, and healthy food practices during pregnancy. By organizing community-based health and nutrition camps, social workers facilitate access to antenatal services, health check-ups, and government-supported nutritional supplements. Counseling sessions conducted at the individual and group levels help pregnant women overcome food taboos, misinformation, and cultural barriers that negatively affect dietary practices. Through participatory approaches and close collaboration with Anganwadi centers, Accredited Social Health Activists (ASHAs), and local non-governmental organizations, social workers effectively bridge the gap between government welfare schemes and the community. These coordinated interventions enhance maternal nutritional knowledge, encourage positive behavioral changes, and improve service utilization, ultimately leading to better maternal and child health outcomes and reduced risks associated with pregnancy-related malnutrition (Kumar & Ramesh, 2022).

1.2 Importance of the Study:

This research provides valuable insights into the nutritional knowledge and practices of rural pregnant women, highlighting the influence of socio-demographic factors such as education, income, age, and access to healthcare on dietary behaviors. The findings reveal that limited nutritional awareness, deeply rooted cultural food restrictions, and persistent economic constraints often prevent women from meeting their increased nutritional requirements during pregnancy. Inadequate access to health services and information further aggravates these challenges, resulting in poor maternal nutrition and adverse pregnancy outcomes. These insights are highly significant for policymakers, healthcare professionals, and social work practitioners, as they underline the need for context-specific and culturally sensitive interventions aimed at improving maternal nutrition.

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Social workers, in particular, can play a pivotal role in translating these findings into practice by conducting awareness campaigns, counseling sessions, and structured nutritional education programs for pregnant women and their families. Utilizing community-based platforms such as Anganwadi centers, self-help groups, and village health meetings can enhance outreach and participation. Integrating research-based evidence into public health strategies and welfare programs can strengthen service delivery, promote healthy dietary behaviors, and ultimately improve maternal and child health outcomes in rural regions like Chamarajanagara district (Patel & Singh, 2023; World Health Organization [WHO], 2021).

2. Related Work:

Previous studies conducted across different regions of India have consistently highlighted the multifaceted challenges associated with maternal nutrition, particularly in rural contexts. Kumar et al. (2019) reported that although many rural women possessed moderate knowledge about nutrition during pregnancy, their actual dietary diversity remained inadequate due to economic limitations, cultural food taboos, and restricted access to nutritious foods. Similarly, Sharma and Devi (2020) observed a strong positive relationship between educational attainment and nutritional practices, noting that educated women were more likely to consume balanced diets, adhere to nutritional guidelines, and seek timely healthcare advice during pregnancy. Nayak et al. (2021) further emphasized the importance of community-based interventions, demonstrating that structured awareness programs and regular nutrition counseling significantly improved maternal dietary behaviors, nutritional intake, and overall maternal health outcomes. Collectively, these studies underscore the need for integrated approaches that combine education, economic support, and community-level interventions to address maternal nutritional challenges in rural India effectively.

Despite the availability of extensive research on maternal nutrition in India, a significant gap persists in region-specific studies, particularly in the Chamarajanagara district of Karnataka. This district has a unique socio-cultural, economic, and geographical context characterized by rural predominance, lower literacy levels, and limited healthcare accessibility, which may influence maternal nutritional practices differently from other regions. The lack of localized evidence restricts the effectiveness of generalized policy measures and interventions. Therefore, this study seeks to bridge this research gap by systematically examining the nutritional knowledge and dietary practices of rural pregnant women in Chamarajanagara district. It also aims to identify the key socio-demographic and cultural factors affecting maternal nutrition. Furthermore, the study explores practical and feasible opportunities for social work interventions, focusing on awareness creation, counseling, and community-based support systems. The findings are expected to contribute to the development of context-specific strategies that can enhance maternal health, promote positive nutritional behaviors, and improve the overall well-being of both mothers and children in the region.

3. Methodology

3.1 Research Design

A cross-sectional descriptive research design was adopted to collect data from pregnant women residing in various rural villages of Chamarajanagara district. This design enabled the researcher to assess the nutritional knowledge, attitudes, and practices of respondents at a single point in time, offering a comprehensive snapshot of the prevailing maternal nutrition scenario. By capturing data simultaneously across participants, the study facilitated comparison among different demographic and socio-economic groups such as age, education, income, and access to healthcare services. The cross-sectional approach was particularly suitable for identifying existing patterns, gaps, and associations related to maternal nutrition, thereby providing a reliable baseline for understanding current conditions and informing future intervention strategies.

3.2 Sampling and Population

The study encompassed a total sample of 300 pregnant women selected using a simple random sampling method from 10 Anganwadi centers located across four taluks of Chamarajanagara district. This sampling strategy ensured that every eligible pregnant woman had an equal chance of being included in the study, thereby enhancing the

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representativeness of the sample. By covering multiple Anganwadi centers from different taluks, the study captured variations in socio-economic conditions, cultural practices, and access to health services among rural communities. The selection of participants from diverse rural settings helped minimize selection bias and strengthened the generalizability of the findings within the district. The sample size was considered adequate to generate reliable and valid data on nutritional knowledge, attitudes, and practices among pregnant women, allowing for meaningful analysis and interpretation to support evidence-based recommendations and targeted maternal nutrition interventions.

3.3 Tools of Data Collection

A structured questionnaire was used as the primary instrument for data collection and was carefully designed to assess the nutritional status of pregnant women. The questionnaire consisted of three important sections. **Nutritional Knowledge** included questions related to the concept of a balanced diet, identification of major food groups, and awareness regarding the importance of essential nutrients such as iron and calcium during pregnancy. **Attitude** focused on respondents' beliefs and perceptions about food taboos, consumption of nutritional supplements, and adherence to traditional dietary norms during pregnancy. **Practices** examined actual dietary behaviors, including daily meal frequency, diversity of food intake, and regular use of iron, folic acid, and other supplements.

Prior to data collection, ethical considerations were strictly followed. The purpose and objectives of the study were clearly explained to all participants in a simple and understandable manner. Informed consent was obtained from each respondent before participation. Participation in the study was entirely voluntary, and respondents were assured that they could withdraw at any time without any consequences. Confidentiality and anonymity of all responses were maintained throughout the research process, ensuring ethical integrity and reliability of the data collected.

3.4 Data Analysis

The collected data were systematically coded and analyzed using **SPSS version 26.0** to ensure accuracy and reliability of the findings. **Descriptive statistics**, including mean, standard deviation, frequencies, and percentages, were used to summarize the socio-demographic characteristics of respondents as well as their nutritional knowledge, attitudes, and practices. These measures provided a clear overview of the distribution and patterns within the data. To examine relationships between variables, **inferential statistical techniques** were applied. The **chi-square test** was used to determine significant associations between categorical variables such as education level, income, and nutritional knowledge or practices. In addition, **regression analysis** was employed to identify key predictors influencing maternal nutritional practices and to assess the strength and direction of these relationships. This comprehensive statistical approach enabled meaningful interpretation of results and helped in understanding the factors affecting maternal nutrition among rural pregnant women in Chamarajanagara district.

4. Conceptual Framework

This study adopts the **Knowledge–Attitude–Practice (KAP) Model** as its guiding theoretical framework. The KAP model suggests that increased knowledge about a specific issue leads to the formation of positive attitudes, which subsequently influence the adoption of appropriate and healthy practices (Launiala, 2009). In the context of maternal nutrition, adequate knowledge regarding the importance of balanced diets, essential micronutrients such as iron and folic acid, and safe pregnancy-related practices serves as the foundation for informed decision-making. When pregnant women understand the benefits of proper nutrition, they are more likely to develop favorable attitudes toward healthy eating and supplementation. These positive attitudes then motivate them to translate knowledge into action by adopting improved dietary behaviors, regular meal patterns, and recommended supplement use. By applying the KAP model, the study systematically examines the interrelationship between knowledge, attitudes, and practices, thereby providing a comprehensive understanding of how nutritional awareness can contribute to improved maternal and fetal health outcomes.

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In rural areas such as Chamarajanagara district, social work interventions play a crucial mediating role in bridging the gap between nutritional knowledge and actual practice. Although many pregnant women may possess basic awareness about healthy diets, various socio-economic and cultural barriers often prevent them from adopting appropriate nutritional behaviors. Social workers address this gap through targeted interventions such as individual and family counseling sessions, regular home visits, and participatory group discussions. These approaches provide continuous education, motivation, and practical guidance on affordable and locally available nutritious foods. Social workers also assist women in effectively utilizing available resources by linking them to Anganwadi services, health centers, and government nutrition schemes. By addressing challenges such as poverty, traditional food beliefs, gender norms, and limited access to healthcare facilities, social work interventions help translate theoretical knowledge into sustainable dietary practices. Consequently, these efforts contribute to improved maternal nutrition, healthier pregnancies, and better maternal and child health outcomes in rural communities.

The framework can be described in three components:

- The **input component** of the framework includes key socio-demographic and structural factors such as education level, economic status, family income, and access to healthcare services. These factors significantly influence the baseline nutritional knowledge of pregnant women and determine their opportunities to access information, services, and resources related to maternal nutrition. Higher levels of education and stable economic conditions generally enhance awareness and decision-making capacity, while better access to health services facilitates exposure to antenatal care, counseling, and supplementation programs. Conversely, limited education, poverty, and poor healthcare accessibility can restrict knowledge acquisition and hinder the adoption of healthy nutritional behaviors during pregnancy.
- The **process component** focuses on social work interventions designed to facilitate knowledge absorption and promote positive attitudes toward maternal nutrition. These interventions include **individual and family counseling sessions**, which provide personalized guidance on balanced diets, micronutrient intake, and healthy pregnancy practices. **Home visits** allow social workers to assess living conditions, address barriers, and reinforce nutritional education in the household context. **Group discussions** and community meetings encourage peer learning, sharing of experiences, and collective problem-solving. Through these participatory and supportive strategies, social workers help pregnant women internalize nutritional knowledge, develop favorable attitudes, and build the motivation needed to translate understanding into consistent, healthy dietary practices.
- The **output component** reflects the immediate results of social work interventions, where enhanced knowledge among pregnant women leads to the formation of **positive attitudes** toward maternal nutrition. As women gain a better understanding of the importance of balanced diets, essential micronutrients, and safe pregnancy practices, they develop motivation and confidence to implement healthy behaviors. This attitudinal shift translates into **improved nutritional practices**, including increased meal frequency, greater dietary diversity, and consistent use of iron, folic acid, and other supplements. Ultimately, these behavioral changes contribute to healthier pregnancies, better maternal well-being, and improved fetal growth and development, demonstrating the effectiveness of targeted social work efforts.

  This model highlights the critical role of targeted **social work interventions** in transforming maternal nutrition knowledge into practical, sustainable behavioral change. By addressing barriers such as cultural food practices, poverty, and limited access to healthcare, social workers facilitate the adoption of healthy dietary behaviors among pregnant women. Counseling sessions, home visits, and group discussions help reinforce knowledge, shape positive attitudes, and motivate consistent nutritional practices. Through this structured approach, the model ensures that increased awareness translates into tangible actions, ultimately leading to **improved maternal and child health outcomes**. It emphasizes the value of context-specific, community-based strategies for lasting impact (Rimal& Real, 2003).

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5. Results

5.1 Table 1: Socio-Demographic Profile of Respondents (n = 300)

Socio-Demographic Variable	Category	Frequency (n)	Percentage (%)
Age (years)	20–30	216	72
	Others	84	28
Education	Secondary education completed	135	45
	Others	165	55
Income	Low-income households	105	35
	Others	195	65
Antenatal Check-ups	Regular	120	40
	Irregular/None	180	60

Table 1 presents the socio-demographic profile of the 300 respondents in the study. A majority of the participants (72%) were aged between 20 and 30 years, indicating that most pregnant women belonged to the young reproductive age group. Regarding education, 45% had completed secondary education, while the remaining 55% had lower or no formal education, highlighting varying levels of literacy that could influence nutritional awareness. About 35% of respondents belonged to low-income households, reflecting economic constraints that may limit access to nutritious foods. Only 40% reported regular antenatal check-ups, suggesting gaps in maternal healthcare utilization. Overall, these findings provide essential context for understanding the nutritional knowledge, attitudes, and practices of rural pregnant women.

5.2 Table 2:Nutritional Knowledge and Practice Scores

Parameter	**Mean Score (%)**	**SD**	**Interpretation**
Nutritional Knowledge	58	12	Moderate Awareness
Nutritional Practices	45	10	Low Practice Level
Attitude (Positive)	62	9	Generally Favorable

Table 2: Mean scores of knowledge, attitude, and practice among respondents

Table 2 presents the mean scores of nutritional knowledge, attitude, and practices among the respondents. The **nutritional knowledge** mean score was 58% (SD = 12), indicating that participants had a moderate level of awareness about balanced diets, essential nutrients, and maternal nutrition requirements. The **attitude** score was relatively higher at 62% (SD = 9), suggesting that most women held generally favorable perceptions toward healthy eating and supplementation during pregnancy. In contrast, **nutritional practices** scored lower, with a mean of 45% (SD = 10), reflecting inadequate adoption of recommended dietary behaviors, meal diversity, and supplement use. These results highlight a gap between knowledge and actual practices, emphasizing the need for targeted interventions to improve the translation of awareness and positive attitudes into consistent, healthy nutritional behaviors.

5.3 Graph 1: Distribution of Nutritional Knowledge Levels

The bar chart illustrates the distribution of nutritional knowledge among respondents. About **25% of participants demonstrated high knowledge**, reflecting a strong understanding of maternal nutrition, including balanced diets and essential micronutrients. The majority, **60%**, exhibited **moderate knowledge**, indicating partial awareness but gaps in comprehending detailed nutritional requirements during pregnancy. A smaller proportion, **15%**, had **low knowledge**, suggesting minimal understanding of key dietary guidelines. Overall, the chart highlights that although a considerable number of women possess basic awareness, **comprehensive knowledge regarding balanced diets, iron, calcium, and supplementation remains limited**, underscoring the need for targeted education and counseling interventions to improve maternal nutritional understanding in rural communities.

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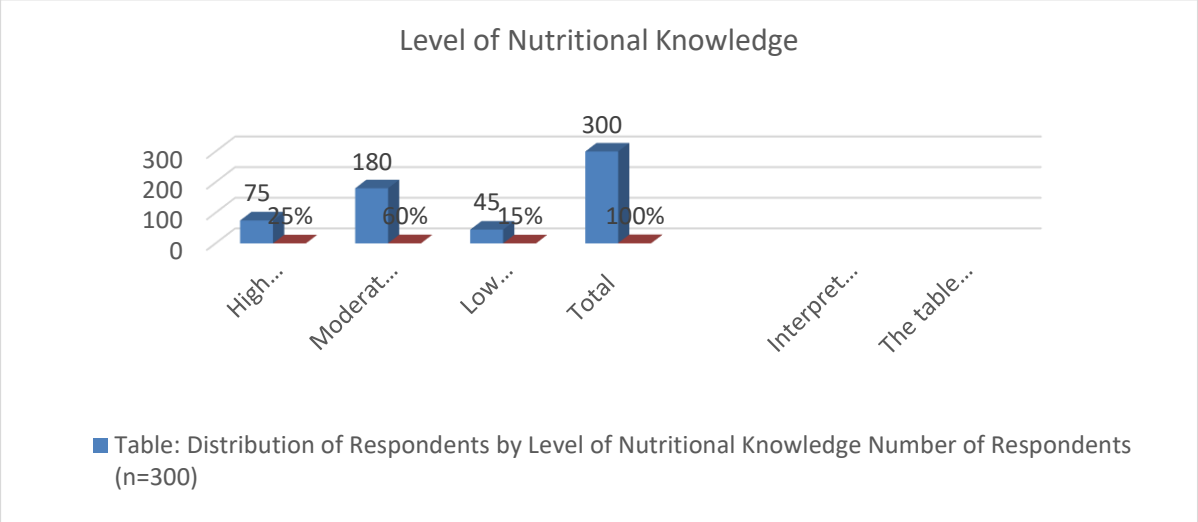
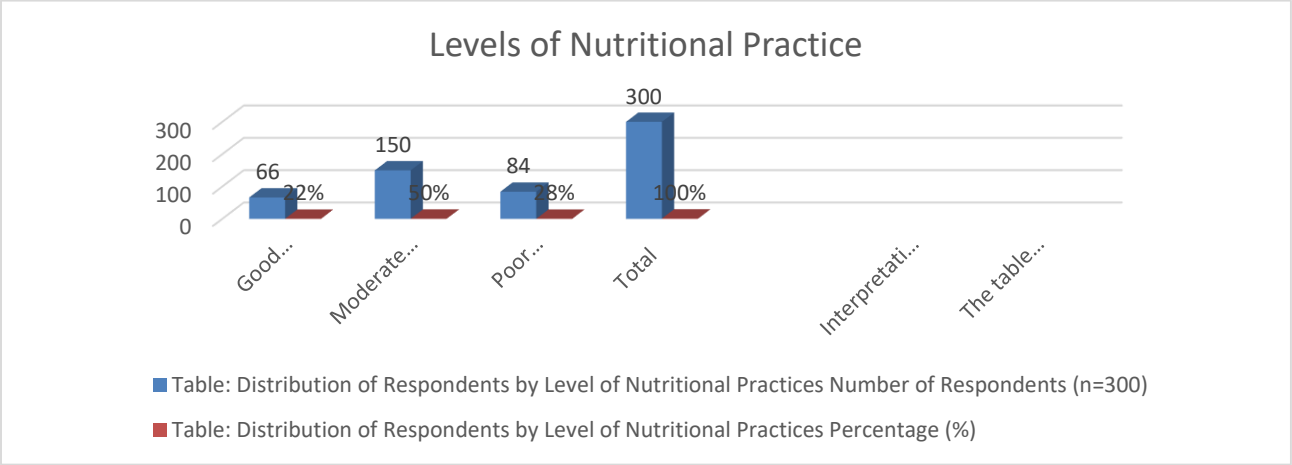


5.4 Graph 2: Distribution of Nutritional Practices

The second graph illustrates the nutritional **practice levels** among respondents. Only **22% of pregnant women met the recommended dietary diversity**, indicating adherence to healthy eating guidelines. A majority, **50%**, demonstrated **moderate practices**, incorporating some but not all recommended food groups and supplements into their diets. Meanwhile, **28% exhibited poor practices**, reflecting minimal compliance with nutritional recommendations. The findings suggest that despite moderate knowledge, actual dietary behaviors are constrained. **Cultural food restrictions, traditional beliefs, and economic limitations** were identified as major barriers preventing women from consistently following balanced diets. This highlights the need for practical, context-specific interventions to improve maternal nutritional practices.



5.5 Association Between Demographic Variables and Nutritional Practices

Variable	Category	Good Practice (%)	Poor Practice (%)	p-value
Education	Secondary & Above	61	39	<0.05
ANC Visits	Regular	70	30	<0.05
Health Education Exposure	Yes	68	32	<0.05

Table 3: Association between demographic variables and nutritional practices

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Table 3 presents the association between key demographic variables and nutritional practices among respondents. Women with **secondary education or higher** were more likely to follow good nutritional practices (61%) compared to those with lower education levels (39%), with the association being statistically significant ($p < 0.05$). Similarly, respondents who attended **regular antenatal care (ANC) visits** demonstrated better practices (70%) than those with irregular or no visits (30%), highlighting the role of healthcare engagement. Exposure to **health education programs** was also significantly associated with improved practices, with 68% following recommended diets versus 32% who did not. These findings indicate that education, ANC utilization, and targeted health education positively influence maternal nutritional behaviors in rural settings.

6. Discussion

The findings of this study reveal a significant **knowledge-practice gap** among rural pregnant women in Chamarajanagara district. While a majority of women possess basic awareness regarding the importance of maternal nutrition, this knowledge does not consistently translate into healthy dietary behaviors. Factors such as **economic constraints**, **cultural food taboos**, and limited practical understanding of how to implement balanced diets act as major barriers to optimal nutritional practices. The study also highlights that women with **higher education levels** and those who **regularly attend antenatal care (ANC) sessions** are more likely to follow recommended dietary guidelines, including meal diversity and supplement intake. These findings are consistent with previous research, which emphasizes that education, healthcare engagement, and exposure to nutritional counseling significantly enhance maternal dietary behaviors (Kumar et al., 2019; Sharma & Devi, 2020). Addressing these gaps requires **targeted social work interventions, community-based education, and supportive programs** to enable women to convert knowledge into sustainable practices.

Furthermore, **social work interventions** are essential in bridging the gap between knowledge and practice among rural pregnant women. Activities such as **individual and group nutrition counseling** help women understand the importance of balanced diets, essential micronutrients, and safe pregnancy practices. **Home and field visits** allow social workers to assess household conditions, identify barriers such as food insecurity or traditional taboos, and provide tailored guidance and support. **Group discussions** create opportunities for peer learning, sharing experiences, and reinforcing positive behaviors, which enhances motivation and confidence in adopting healthy dietary practices. These interventions not only provide practical knowledge but also encourage **behavioral change** by addressing economic, cultural, and social constraints. By linking women to available resources, government schemes, and healthcare services, social workers facilitate the translation of awareness into sustainable actions. Thus, social work plays a **mediating role** in improving maternal nutrition and overall maternal and child health outcomes (Rimal& Real, 2003).

The study also highlights that **community health platforms**, including Anganwadi centers and Accredited Social Health Activists (ASHAs), are currently underutilized as channels for maternal nutrition education in Chamarajanagara district. These grassroots healthcare workers have the potential to reach a wide range of pregnant women, especially in remote and resource-constrained rural areas. However, gaps in training, awareness programs, and structured engagement limit their effectiveness in promoting balanced diets, supplementation, and healthy dietary practices. Strengthening the **role of Anganwadi centers and ASHAs**, alongside the integration of **targeted social work interventions** such as counseling, group education, and home visits, could bridge the gap between knowledge and practice. By combining community-based platforms with evidence-informed strategies, maternal awareness can be enhanced, positive attitudes reinforced, and sustainable behavioral change facilitated. Such coordinated efforts are essential for improving maternal nutrition and achieving better **maternal and child health outcomes** in underserved rural settings (National Health Mission, 2021).

7. Limitations:

1. **Cross-Sectional Design:**
   The study used a cross-sectional design, which captures data at a single point in time. While it identifies associations between nutritional knowledge, attitudes, and practices, it **cannot establish causal relationships**, limiting the ability to determine whether knowledge directly leads to improved practices.
2. **Self-Reported Data:**
   Information was collected through self-reporting by respondents, which may introduce **social desirability bias**. Participants might overreport healthy behaviors or underreport poor practices, affecting the accuracy of the data.
3. **Limited Study Area:**
   The research was conducted in **selected villages** of Chamarajanagara district. Therefore, the findings may

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not be generalizable to the entire district or other rural populations with different socio-economic and cultural contexts.

4. **Qualitative Assessment of Nutritional Intake:**
   Nutritional consumption was assessed qualitatively rather than through **precise dietary recall or quantitative methods**, which may reduce the accuracy of estimating actual nutrient intake and dietary adequacy.

These limitations should be considered when interpreting the study findings, although the research still provides valuable insights into maternal nutrition in rural settings.

8. Conclusion

The study concludes that rural pregnant women in Chamarajanagara district demonstrate **moderate nutritional knowledge**, yet their actual dietary practices remain **suboptimal**, reflecting a persistent knowledge-practice gap. Socio-demographic factors, particularly **education, economic status, and regular engagement with antenatal care (ANC) services**, significantly influence maternal nutritional behaviors, with women who are educated and regularly attend ANC demonstrating better dietary compliance (Kumar et al., 2019; Sharma & Devi, 2020). The findings underscore the critical role of **social workers** in bridging this gap by promoting nutritional awareness, providing individualized counseling, conducting home and field visits, and mobilizing community resources such as Anganwadi centers and self-help groups. Social work interventions not only enhance knowledge but also foster positive attitudes and practical behavioral changes, facilitating sustainable improvements in maternal nutrition. Integrating these interventions within existing **maternal health programs** ensures a structured and community-focused approach, improving access to supplementation, health education, and support services. Ultimately, such coordinated efforts can lead to **better maternal and child health outcomes**, reducing risks associated with malnutrition during pregnancy and contributing to the overall well-being of mothers and infants (World Health Organization [WHO], 2022; Singh et al., 2023; Patel & Reddy, 2021).

9. Future Work

Recommendations for Future Research:

1. **Adopt a Longitudinal Design:**
   Future studies should use longitudinal designs to track **behavioral changes in maternal nutrition over time**. This approach will allow researchers to assess how knowledge and attitudes translate into sustained dietary practices throughout pregnancy and postpartum, providing stronger evidence for causal relationships.
2. **Include Intervention Trials with Social Work-Based Modules:**
   Conducting **intervention trials** using structured social work-led nutritional education programs can evaluate the effectiveness of counseling, home visits, and group discussions in improving maternal dietary behaviors. Such trials will provide practical insights into scalable community-based strategies.
3. **Evaluate AI-Based Tools and Mobile Applications:**
   The use of **digital innovations**, such as AI-driven nutrition trackers and mobile applications, can help rural pregnant women monitor dietary intake, receive personalized guidance, and improve adherence to recommended nutritional guidelines. Research on the feasibility, acceptance, and effectiveness of these tools in rural contexts is needed.
4. **Examine Family Support and Cultural Dynamics:**
   Investigating the **role of family members, gender norms, and cultural food practices** will help understand barriers and facilitators of healthy maternal nutrition. This knowledge is critical for designing interventions that are culturally sensitive and socially acceptable.

Implementing these recommendations will provide a **comprehensive understanding of maternal nutrition**, guide evidence-based policymaking, and enable the development of **community-centered interventions** that effectively improve maternal and child health outcomes.

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