

**A Comparative Study on The Diet Quality of Pregnant Women in Urban and Rural Settings in A South-Western District of Bangladesh**

**Abstract**

**Purpose:** The current study aimed to assess the diet quality of urban and rural pregnant women in a south-western district (Jashore) in Bangladesh.

**Methodology:** It was a cross-sectional study which was conducted among pregnant women (Sample size, N= 154). The respondents were selected from urban and rural areas of Jashore district. Data was collected through a pre-tested questionnaire comprising of socio-demographic and economic data, data on different food groups consumption. The data concerning food consumption was used to assess the diet quality of the respondents. For statistical analysis, IBM SPSS Statistics version 21.0 was used in the study.

**Results:** Among all the respondents, mean Dietary Diversity Score (DDS) was  $5.40 \pm 0.96$ . It was also seen that minimum DDS was 3.0 and maximum DDS was 7.0 among all the pregnant women. A significant difference was observed between the mean DDS of urban and rural pregnant women ( $P < .05$ ). The mean DDS of urban pregnant women was  $6.46 \pm 0.19$  and mean DDS of rural pregnant women was  $4.61 \pm 0.56$ . Moreover, about 62% of urban respondents' diet quality was of high level, 27% of urban respondents' diet was of medium-quality and about 11% of urban respondents were found to have low diet quality. On the other hand, only 18% of rural respondents had high diet quality, 57% had a medium-quality diet and about 25% of rural pregnant women were found to have a low diet quality.

**Conclusion:** It can be concluded from the study that the majority of the urban pregnant women of the study area had a higher quality diet than their rural counterparts.

**INTRODUCTION**

Inadequate nutrition during gestational period acts as a risk factor for adverse materno-fetal outcomes [1]. The nutritional requirement is escalated during this period due to maternal tissue growth and fetal growth [2]. A high-quality diet echoes sufficient nutrient consumption ensuring adequate nutrition during gestational stage [3]. A high-quality diet means diet comprising of different food groups which may ensure consumption of all the required micronutrients. A tedious diet may impede the supply of significant micronutrients which may consequently lead to hidden hunger [4]. Therefore, having a more diversified diet is a must for a pregnant woman.

Micronutrient intake and dietary behavior may differ by demographic characteristics, psychosocial characteristics, race, ethnicity etc. [5,6]. The dietary pattern is measured at two levels: household level and individual level. Nutrient adequacy of individual diet has been found to be reflected by Individual Dietary Diversity (IDD) [7]. Various studies have been found to validate the use of IDDS in this regard [8-10]. IDDS may function as an indicator of nutrient adequacy that is diet quality [11-12]. By combining several food groups, Women Dietary Diversity Score (WDDS) ranging from 0 to 9 is derived to measure the diet quality of women [7]. Pregnant women diet quality is of great importance since gestational weight gain and

45 pregnancy outcome are associated with diet quality [13-14]. The present study was designed to  
46 figure out the association between residential area type and diet quality of pregnant women.

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## 48 Methodology

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50 **Study area, study design and study period:** The cross-sectional study was directed in a south-western  
51 district called Jashore in Bangladesh. Since Jashore is an emerging urban area it was found to be fit  
52 for a comparative study between urban and rural area. The duration of the study was four months,  
53 starting in November 2018 and ended in February 2019.

54

55 **Sampling Method and Sample Size:** Simple random sampling method was used to select 154  
56 pregnant women from Jashore district. Seventy-seven women were selected for the study from each  
57 setting. Respondents were selected from four areas named: Chaugacha, Sadar, Sharsha and  
58 Jhikargacha. From each area, urban and rural respondents were randomly selected as follows: 19  
59 urban and 19 rural respondents from Chugacha, Sharsha, Jhikargacha and 20 urban and 20 rural  
60 respondents from Sadar sub-district. Only Fifteen to thirty-five years old pregnant women of second  
61 trimester and third trimester were included in the study.

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63 **Data Collection:** A questionnaire was carefully designed for the study followed by a pilot survey  
64 in a similar area to finalize usefulness of the questionnaire. Women Dietary diversity was  
65 measured by using the dietary diversity questionnaire designed by FAO but the questionnaire  
66 was modified and translated in local languages for more usefulness in the field. The diet recall  
67 period was the previous day of the survey. Several food groups were combined to construct nine  
68 foods to assess the diet quality of the respondents.

69

70 **Data Analysis:** All types of statistical analysis were completed by a statistical software, IBM  
71 SPSS Statistics version 21.0. Various statistical tools were used such as descriptive statistics, chi-  
72 square test, independent samples t-test etc. The level of statistical significance during each  
73 statistical test was assumed to be 5% in this study.

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## 75 RESULTS

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### 77 Sociodemographic and economic characteristics of the respondents

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79 Table 1 illustrates the various socio-demographic and economic characteristics of the  
80 respondents by their residential area type. Most of the respondents were Muslims both in urban  
81 and rural area. About 77% of the urban Pregnant women (PW) were housewife and almost 99%  
82 of the rural PW were housewife. About 21% of the urban PW were wage earner, whereas, only  
83 1% of the rural PW were found as wage earner. A significant association was found between the  
84 occupation of the PW and their residential area type ( $P < .05$ ). In case of husbands' occupation,  
85 almost all of the urban husbands were involved in some kind of business or they were wage  
86 earner. On the other hand, in the rural area, most of the husbands were driver or farmer. Only  
87 about 12% of the rural husbands were involved in business. A significant association was also  
88 found between the occupation of the husbands and their residential area type ( $P < .05$ ). About 33%  
89 urban PW obtained HSC, 47% obtained Honors degree and 21% obtained MS degree. No  
respondents were below the HSC level among the urban respondents but about 65% of the rural

90 respondents were SSC passed or below SSC. Only about 1% of the rural respondents obtained  
 91 Honors degree and only about 3% obtained MS degree. The association between the educational

92 **Table 1: Sociodemographic and economic characteristics of the respondents by type of residence area**

Socio-demographic and economic characteristics	Area Type		P- value
	Urban (%)	Rural (%)	
<b>Religion</b>			.31
Islam	96.1	98.7	
Hindu	3.9	1.3	
<b>Occupation of PW</b>			< .05
housewife	76.6	98.7	
business	2.6%	0.0	
wage earner	20.8	1.3	
<b>Occupation of husband</b>			< .05
business	20.8	11.7	
wage earner	79.2	2.6	
Others (driver, agriculture)	0.0	86.7	
<b>Educational status of PW</b>			< .05
Less than or equal to SSC	0.0	64.9	
HSC	32.5	31.2	
Honors	46.8	1.3	
Masters	20.8	2.6	
<b>Educational status of husband</b>			< .05
Less than or equal to HSC	0.0	90.9	
Honors	32.5	7.8	
Masters	67.5	1.3	
<b>Age of PW (in years)</b>			< .05
15-19	0.0	10.4	
20-25	37.7	71.4	
26-30	44.2	15.6	
31-35	18.2	2.6	
<b>Age at marriage (in years)</b>			< .05
≤ 19	3.9	58.4	
20-25	75.3	40.3	
26-35	20.8	1.3	
<b>Monthly household income (in BDT)</b>			< .05
5000- 15000	0.0	93.5	
15001-25000	40.3	6.5	
>25000	59.7	0.0	

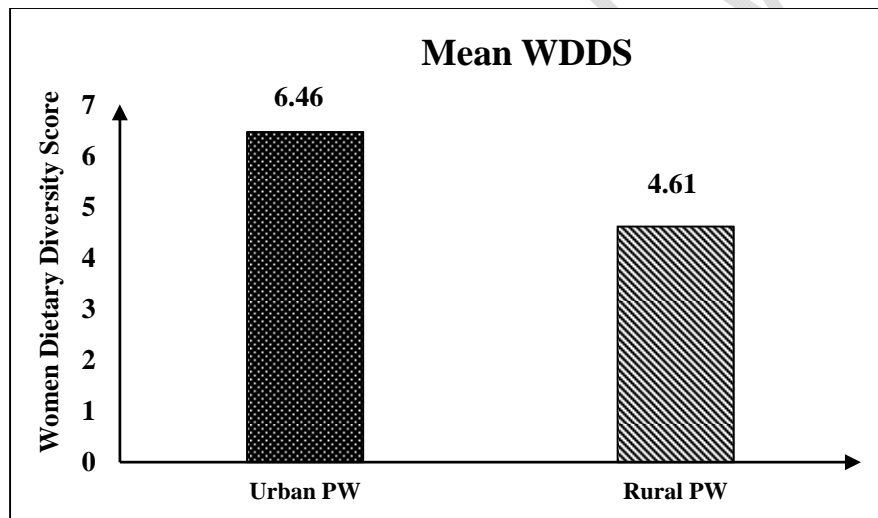
93 N.B: PW= Pregnant women, SSC= Secondary School Certificate, HSC= Higher Secondary School Certificate, BDT=  
 94 Bangladeshi Taka, P-value was obtained from chi-square test

95 status of the PW, educational status of the husbands and area type were found statistically  
 96 significant (P<.05). No adolescent pregnant women were found among the urban respondents,  
 97 whereas, 10% of the rural PW were adolescent. Among the urban respondents, only 4% mother  
 98 was found to be married at a younger age (≤ 19 years of age). On the other hand, 58% of rural  
 99 respondents got married at an adolescent stage. The association between the area type and age at  
 100 marriage was found to be statistically significant (P<.05). About 94% of the rural households'

101 income was between five thousand and fifteen thousand Taka, whereas, no urban household was  
102 found with monthly household income below fifteen thousand Taka. About 40% of the urban  
103 households' income was above fifteen thousand to twenty-five thousand Taka and 60% of urban  
104 households' monthly income was above twenty-five thousand Taka. On the other hand, among  
105 rural households, no household was found with monthly income above twenty-five thousand  
106 Taka.

### 107 Diet quality of pregnant women by area

108 Diet quality of the respondents were calculated by combining the scores assigned to each of the  
109 nine food groups, which may range from 0 to 9. Among all the respondents, mean DDS was  
110  $5.40 \pm 0.96$ . It was also seen that minimum DDS was 3.0 and maximum DDS was 7.0 among all  
111 the pregnant women. Figure 1 shows that the mean DDS of urban pregnant women was  
112  $6.46 \pm 0.19$  and mean DDS of rural pregnant women was  $4.61 \pm 0.56$ . The mean DDS of two  
113 groups was compared by independent samples t-test and significant difference was observed  
114 between the mean DDS of urban and rural pregnant women ( $P < .05$ ).



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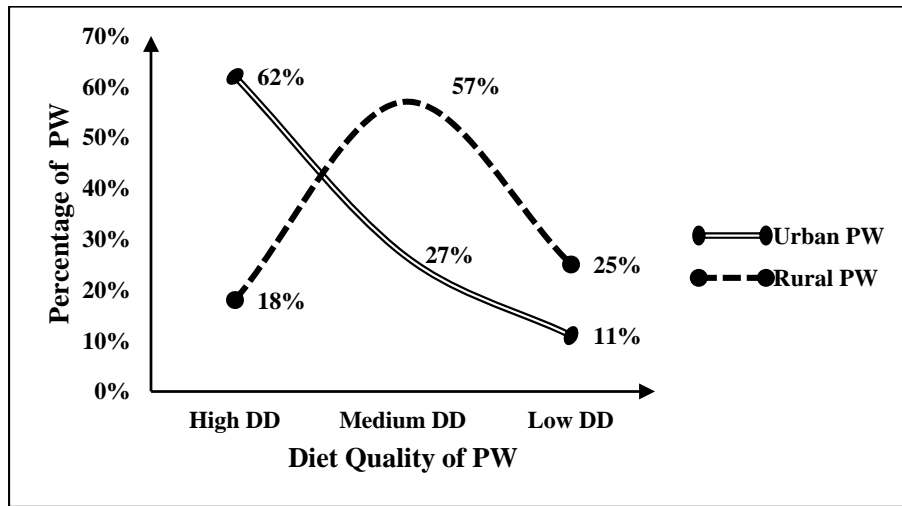
116 **Figure 1: Mean WDDS comparison between urban and rural PW ( $P < .05$ )**

117 Figure 2 depicts the diet quality of the respondents. High dietary diversity (high DD) in the  
118 figure indicates that the respondents had six or more food groups among the nine foods which  
119 were used in the questionnaire to measure the dietary pattern of the respondents, medium dietary  
120 diversity (medium DD) indicates diet comprising of four to five food groups and low dietary  
121 diversity (low DD) indicates diet comprising of three or less than three food groups. It can be  
122 seen from the figure below that 62% of the urban PW had high DD and only about 18% rural  
123 PW had high DD. Only 27% urban PW had medium DD but this percentage was quite high  
124 among the rural counterparts, about 57%. Low DD was also found higher among the rural PW  
125 (25%) than their urban counterparts (11%).

126

### 127 DISCUSSION

128 In this study, only about 4% urban respondents got married at the age of below 19 years, on the  
129 other hand, about 58% of rural respondents got married by this age, whereas, a national survey of  
130 Bangladesh [15] showed that only 16% women got married at this stage. Low diet quality may



131  
132 **Figure 2: Diet quality of urban and rural pregnant women**

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134 Paves the way to micronutrient deficits since it reflects the probable lower intake of  
135 micronutrients. In the current study, DDS was used to determine the diet quality of the  
136 respondents. A study directed on the mothers' DDS in Bangladesh [16] reported that mean DDS  
137 of the respondents was 4.02, but in our study, the mean DDS was 5.40 concerning all the  
138 respondents. The score was found higher among the urban PW (6.46) than that of rural (4.61).  
139 The minimum DDS found in our study was 3 and maximum DDS was 7. Tiwari *et al* (2013)  
140 found that minimum score was 1 and maximum score was 9.

141 According to the current study, it can be concluded that urban PW had had a higher diet quality  
142 than the rural PW and most of the rural PW had a medium diet quality. This difference in diet  
143 quality among the two settings might be due to higher access of variety of foods in the market  
144 and also increased purchasing capacity of the urban residents. However, further research on the  
145 factors responsible for higher diet quality of pregnant women is encouraged by the authors.

#### 146 **Conflict of interest**

147 The authors declare no conflict of interest.

#### 148 **Ethical Consideration**

149 Ethical considerations were met in the study and written informed consent was taken from each  
150 participants. Ethical approval for this study was granted from the Ethical Review Committee of  
151 Jashore University of Science and Technology.

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