



KNOWLEDGE REGARDING MALNUTRITION AND ITS PREVENTION AMONG MOTHER'S OF UNDER FIVE CHILDREN.

Clinical Science

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ABSTRACT

One of the major causes for malnutrition in India is gender inequality. Due to the low social status of Indian women, their diet often lacks in both quality and quantity. Women who suffer malnutrition are less likely to have healthy babies. In India, mothers generally lack proper knowledge in feeding children. Consequently, new born infants are unable to get adequate amount of nutrition from their mothers.

Statement of the Problem: "A descriptive study to assess the knowledge regarding malnutrition and its prevention among mothers of under five children in shiroli village, kolhapur district, with a view to develop an informational booklet".

Objective of the Study:

1. To assess the knowledge regarding malnutrition and its prevention among mothers of under five children.
2. To find out an association between knowledge score with selected socio-demographical variables.
3. To prepare and provide informational booklet on malnutrition and its prevention.

Methodology: A quantitative descriptive survey approach was used to evaluate the knowledge regarding malnutrition and its prevention. The study was conducted in Shiroli village. Non-probability Purposive sampling technique was used to select 100 samples. The tool used for the data collection was self-administered structured knowledge questionnaire which comprised of 09 items on demographic data and 30 items on knowledge regarding malnutrition and its prevention.

Result: The data presented in table no 1 indicates that maximum 48 (48%) of mothers of under five children were age group of 24 years to 30 years where as minimum 2 (2%) were age group of above 36 years. In education majority of 48 (48%) mothers of under five children were had SSC education and minimum 7 (7%) were graduates. In religion maximum 62 (62%) mothers of under five children were belongs to Hindu religion and minimum 4 (4%) people were Christian. In occupation majority of 91 (91%) mothers of under five children were housewife and minimum 9 (9%) were employed. In family income maximum 47 (47%) have 5000-10000 and minimum 7 (7%) were have >15000. In number of children the majority of 58 (58%) were have 2 children's and minimum 18 (18%) were have 3 children's. In type of family the equal majority of mothers of under five children belongs from both nuclear family (50%) and joint family (50%). In nutritional status of mother the maximum of 97 (97%) were had adequate nutrition and minimum 3 (3%) were had inadequate nutrition. In source of information majority of 72 (72%) mothers of under five children were got information from health personnel and minimum of 6 (6%) had got information from other sources.

In the present study, Out of 100 subjects, maximum 25 (25%) were having good knowledge and 55 (55%) were having average knowledge and 20 (20%) were having poor knowledge about malnutrition and its prevention. The mean score of knowledge regarding malnutrition and its prevention among mothers of under five children's residing in Shiroli village was 15.98±3.51.

There is need to provide informational booklet on malnutrition and its prevention for prevention of malnutrition among mother's of under five children

KEYWORDS

I-INTRODUCTION:

India is one of the fastest growing countries in terms of population and economics, sitting at a population of 1,139.96 million in 2009 and growing at 10-14% annually from 2001-2007.¹

India's Gross Domestic Product growth was 9.0% from 2007 to 2008; since Independence in 1947, its economic status has been classified as a low-income country with majority of the population at or below the poverty line.²

Though most of the population is still living below the National Poverty Line, its economic growth indicates new opportunities and a movement towards increase in the prevalence of chronic diseases which is observed in at high rates in developed countries such as United States, Canada and Australia. The combination of people living in poverty and the recent economic growth of India has led to the co-emergence of two types of malnutrition: under-nutrition and over nutrition.³

Malnutrition refers to the situation where there is an unbalanced diet in which some nutrients are in excess, lacking or wrong proportion.⁴ Simplify put, we can categories it to be under-nutrition and over-nutrition. Despite India's 50% increase in Gross Domestic Product since 1991,⁵ more than one third of the world's malnourished children live in India. Among these, half of them under three are underweight and a third of wealthiest children are over-nutriented.⁶

One of the major causes for malnutrition in India is gender inequality. Due to the low social status of Indian women, their diet often lacks in both quality and quantity. Women who suffer malnutrition are less likely to have healthy babies. In India, mothers generally lack proper knowledge in feeding children. Consequently, new born infants are unable to get adequate amount of nutrition from their mothers. Deficiencies in nutrition inflict long-term damage to both individuals

and society. Compared with their better-fed peers, nutrition-deficient individuals are more likely to have infectious diseases such as pneumonia and tuberculosis, which lead to a higher mortality rate. In addition, nutrition-deficient individuals are less productive at work. Low productivity not only gives them low pay that traps them in a vicious circle of under-nutrition,⁷ but also brings inefficiency to the society, especially in India where labour is a major input factor for economic production.⁸

Subodh Varma, writing in The Times of India, states that on the Global Hunger Index India is on place 67 among the 80 nations having the worst hunger situation which is worse than nations such as North Korea. 25% of all hungry people worldwide live in India. Since 1990 there have been some improvements for children but the proportion of hungry in the population has increased. In India 44% of children under the age of five are underweight. 72% of infants and 52% of married women have anemia. Research has conclusively shown that malnutrition during pregnancy causes the child to have increased risk of future diseases, physical retardation, and reduced cognitive abilities.^{9,10}

Children are the precious possession of the family, community, and country. A child is precious and beautiful source of joy and happiness, focus of love and care, subject of dreams for the future.¹¹

World's greatest resource for a healthy future lies in the children of today. Today children are tomorrow's citizen and leaders. The resources spent on the care, upkeep and health of the young ones from investment for the future. The most glaring nutritional disorder in India is protein energy malnutrition, deficiency of Vitamin B-complex, Vitamin A, Vitamin D, Iron and Calcium is commonly occurs in inadequately fed infants and children. Inadequate food intake is the most common cause of malnutrition worldwide. Prevention of malnutrition in children starts with an emphasis on prenatal nutrition

and good prenatal education to mother regarding malnutrition care.¹²

II : Methods And Data Collection : After extensive review of literature as well as discussion with guide and experts, the tool that is socio-demographical data and Structured knowledge questionnaire on knowledge regarding malnutrition and its prevention were developed to identify the knowledge among mothers of under five children regarding malnutrition and its prevention in shiroli village, kolhapur district.

Selected socio demographical data comprised of 09 items seeking information on demographic variables like age in years, Educational status of the mother, Educational status of the mother, Religion, Occupation of mother, Monthly family income, No. of children, Type of family, Nutritional status of mother at pregnancy, Source of information Prior permission was obtained from the medical officer primary health centre shiroli. For, maximum co-operation, the investigator introduced him to the respondents and willingness of the participants was ascertained. By using non-probability Purposive sampling technique 100 mothers of under five children's were selected for the study. Structured knowledge questionnaire were used to assess the knowledge among mothers of under five children's regarding malnutrition and its prevention. The researcher collected the data from the subjects. The data collected were recorded systematically on each subject and were organized in a way that facilitates computer entry and data analysis.

III: DISCUSSION

The present study has been undertaken to assess the knowledge regarding malnutrition and its prevention among mothers of under five childrens in Shiroli village at Kolhapur district with a view to develop information booklet.

1) Findings Related To Selected Socio-Demographic Variables.

In the present study maximum 48 (48%) of mothers of under five children were age group of 24 years to 30 years where as minimum 2 (2%) were age group of above 36 years.

In education majority of 48 (48%) mothers of under five children were had SSC education and minimum 7 (7%) were graduates.

In religion maximum 62 (62%) mothers of under five children were belongs to Hindu religion and minimum 4 (4%) people were Christian. In occupation majority of 91 (91%) mothers of under five children were housewife and minimum 9 (9%) were employed.

In family income maximum 47 (47%) have 5000-10000 and minimum 7 (7%) were have >15000. In number of children the majority of 58 (58%) were have 2 children's and minimum 18 (18%) were have 3 children's.

In type of family the equal majority of mothers of under five children belongs from both nuclear family (50%) and joint family (50%).

In nutritional status of mother the maximum of 97 (97%) were had adequate nutrition and minimum 3 (3%) were had inadequate nutrition.

In source of information majority of 72 (72%) mothers of under five children were got information from health personnel and minimum of 6 (6%) had got information from other sources.

2) Based on the first objective: To assess the knowledge regarding malnutrition and its prevention among mothers of under five children's.

In the present study researcher found that 25 (25%) were having good knowledge and 55 (55%) were having average knowledge and 20 (20%) were having poor knowledge about malnutrition and its prevention. The mean score of knowledge regarding malnutrition and its prevention among mothers of under five children of Shiroli village was 15.98±3.51.

3) Based on the second objective: To find out the significant association between knowledge score with their selected socio-demographical variables among mothers of under five children of Shiroli village.

The present study shows the significant association between There is a significant association between knowledge regarding malnutrition and

its prevention and with their selected demographic variable. The associated selected demographic variable were Age ($\chi^2=6.03$, $P<0.05$), Education ($\chi^2=28.22$, $P=0.05$), Religion ($\chi^2=4.71$, $P=0.05$), Occupation ($\chi^2=8.78$, $P=0.05$), Family income ($\chi^2=8.82$, $P=0.05$), No. of children ($\chi^2=11.56$, $P<0.05$), Type of family ($\chi^2=4.54$, $P=0.05$), Nutritional status ($\chi^2=2.8$, $P<0.05$) and Source of information ($\chi^2=11.26$, $P=0.05$).

There is no significant association with Mothers of under five children knowledge of malnutrition and its prevention and with their selected demographic variables such as Age, Religion, Family income, Type of family and Source of information.

Hence, the research hypothesis H_1 is accepted - There is a significant association between knowledge score regarding malnutrition and its prevention and with their selected demographic variable.

IV : Implications

Implications of the Study

The findings of the study have several implications in different areas which are discussed in following area Nursing Education, Nursing Practice, Nursing Administration, Nursing Research.

1.Nursing education

The findings of the study revealed that the knowledge regarding malnutrition and its prevention among mothers of under five children of Shiroli village is comparatively average. So stress should be on inclusion of malnutrition and its prevention in curriculum. The informational booklet can also be utilized by the mothers of under five children of Shiroli village; the tool could also be used to identify the knowledge among mothers of under five children of Shiroli village.

2.Nursing practice

Nursing practice includes preventive, promotive, curative and rehabilitative services. The present study showed that majority mothers of under five children of Shiroli village were having good knowledge regarding malnutrition and its prevention. The use of the informational booklet can be used during educational session, which may help to improve knowledge regarding malnutrition and its prevention. There was wide gap between existing and expected levels of knowledge of adults which indicates and immediate need for education regarding malnutrition and its prevention.

3.Nursing Administration

Nurses are vital source in educate public on various health related issues. The informational booklet can be considered as an awareness program from hospital authorities during community health program. The public health nursing administration can use informational booklet to provide knowledge regarding malnutrition and its prevention to public in rural areas. The administrator can communicate these findings to practice. They can incorporate this in practice.

4.Nursing Research:

The present study conducted by the investigators can be a source of review of literature for others who are intending to conduct studies on malnutrition and its prevention. Evidence based practice to improve the quality of life and this study focuses on malnutrition and its prevention and provides information regarding malnutrition and its prevention.

V: CONCLUSION

Based on the findings of the study, the following conclusions were drawn knowledge scores among 100 subjects, Majority of 25 (25%) were having good knowledge score and 55 (55%) were having average knowledge score and 20 (20%) were having poor knowledge score regarding malnutrition and its prevention.

There is need to provide informational booklet on malnutrition and its prevention. It's high time we should understand that malnutrition and its prevention and prevention of malnutrition in under five children due to poor feeding.

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