

Knowledge and Practice of Mothers Regarding the Prevention and Management of Malnutrition Among Preschool Children - A Cross Sectional Survey

Lija R Nath¹, C Kanniammal*

¹Dept. of Community Health Nursing, Sree Gokulam Nursing College, Trivandrum 695607

²SRM College of Nursing, SRM University, Kancheepuram District, Tamil Nadu

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ABSTRACT

Malnutrition remains one of the most common causes of morbidity and mortality among children throughout the world. Malnutrition has been responsible, directly or indirectly for 60% of the 10.9 million deaths annually among children under five. The research study was aimed to assess the knowledge and practice of mothers of preschool children regarding the prevention and management of malnutrition. The design used was descriptive cross sectional survey. The study was conducted in a coastal setting of Trivandrum district with a sample size of 115. Data collection was done by self administered structured questionnaire by conducting mothers meeting at selected Anganwadis. According to the results of the study 19.1% of mothers had good knowledge and 34.8 % of mothers had poor knowledge. Regarding practice only 24.3 % of mothers reported good practice while 36.6 % of mothers reported poor practice. There was a strong association between the knowledge and Practice of mothers and selected socio demographic variables such as educational status of mothers and socio economic class ($p < 0.01$). The study findings can be used for planning targeted nursing interventions in coastal areas for mothers of preschool children.

Keywords: Knowledge, Practice, Malnutrition, Preschool Children.

INTRODUCTION

“Underlying every other condition among children is malnutrition, due to both calorie and protein deficiency. Though poverty is the main contributing cause, it is greatly aggravated by lack of proper dietary knowledge”

A nation’s most important and precious resource is its children who constitute its hope for continuous achievement and productivity. There is no more crucial period of life than the life up to five years. Health status and health behavior of later life are laid down at this age. Under five age group is the most vulnerable and special risk group constituting a major portion of total population with high death rate.

Malnutrition and growth retardation are probably the most wide spread health and nutritional problems of developing countries including India. PEM is the most deadly form of malnutrition. It occurs particularly in children in the first five years of life. It is not only an important cause of childhood morbidity and mortality, but leads also to permanent impairment of physical and possibly, of mental growth of those who survive. They are more susceptible to infections, especially sepsis, pneumonia, and gastro enteritis.¹

Malnutrition remains one of the most common causes of morbidity and mortality among children throughout the world. Malnutrition has been responsible, directly or indirectly, for 60% of the 10.9 million deaths annually

among children under five. Over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life. Most growth retardation occurs by the age of two, and most damage is irreversible¹

According to a study conducted on factors affecting the prevalence of malnutrition among children under three years of age in Botswana the higher the level of the mother’s education, the lower the level of child underweight observed. Breastfeeding was found to reduce the occurrence of underweight among children.²

In a case control study to assess the risk factors for severe acute malnutrition in children under the age of five showed that the socioeconomic risk factors for severe acute malnutrition were maternal illiteracy (OR=3.83,) paternal illiteracy (OR=2.04, 95%1), monthly family income of less than 50 USD (OR =3.44,) and large family size with the number of children greater than 3 (OR=1.96).

According to a study on risk factors for malnutrition in children under 5 years in Luangprabang province, Laos, low maternal education was main risk factor for child malnutrition in the study area. It is recommended that an improvement in societal infrastructure, better maternal education and nutrition are needed to address the child malnutrition issue.³

Objectives of the study

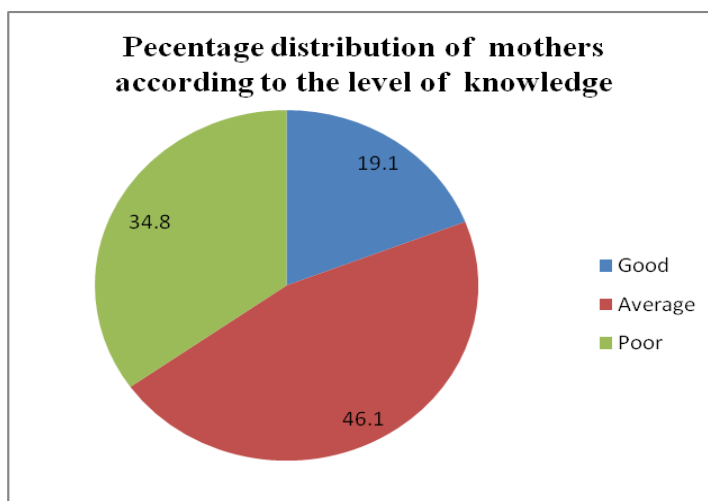


Figure 1: Percentage distribution of mothers according the level of knowledge (n=115).

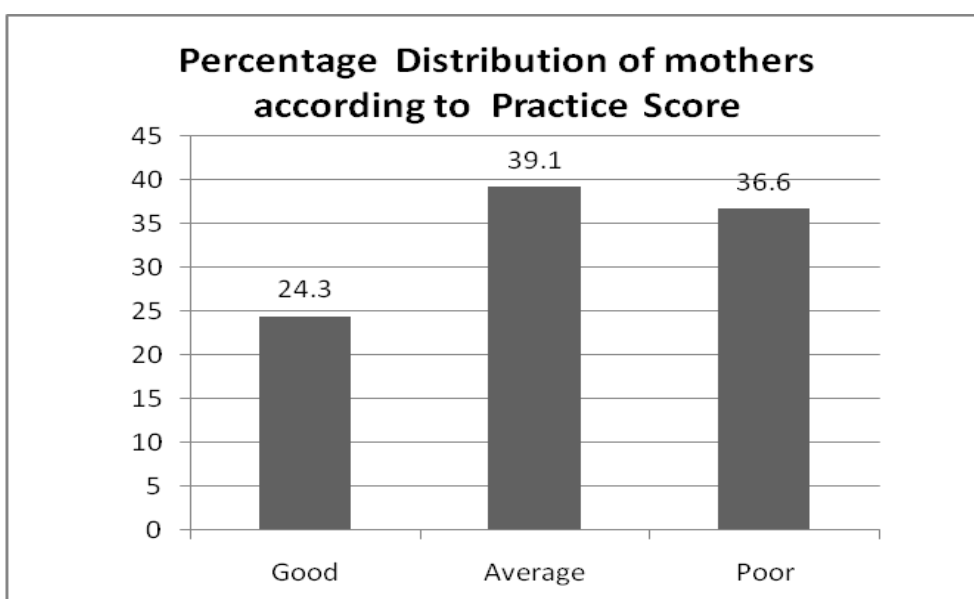


Figure 2: Percentage distribution of mothers according to practice scores (n=115).

Table 1: Association between knowledge of mothers and selected socio personal variables (n=115).

Socio Personal variables	Chi square	df	p value
Education status of mother	16.82	4	0.01**
Socio Economic Class	27.39	4	0.001***

- To determine the knowledge of mothers regarding the prevention and management of malnutrition among preschool children.
- To determine the existing practice of mothers regarding the prevention and management of malnutrition among preschool children.
- To determine the association between knowledge of mothers and selected socio personal variables.
- To determine the association between practice of mothers and selected socio personal variables.

MATERIALS AND METHODS

Quantitative research approach was adopted for the study and Descriptive –Cross Sectional Survey design was used. The samples were selected from the Anganwadis of

a coastal village in Thiruvananthapuram District. The population comprised of mothers of preschool children residing in coastal villages of Thiruvananthapuram District. The sample of the present study consisted of mothers of preschool children residing in selected Andanwadi areas of a coastal village in Thiruvananthapuram District. Purposive sampling technique and the sample size was 115. Structured questionnaire was used to assess the knowledge and practice of mothers of preschool children regarding the prevention and management of malnutrition. Ethical Clearance was obtained from the ethical committee of Sree Gokulam Medical College and Research Foundation. Informed consent was taken from study participants.

Table 2: Association between self reported practice of mothers and selected socio personal variables (n=115).

Socio Personal variables	Chi square	df	p value
Education status of mother	19.7	4	0.01**
SocioEconomic Class	30.10	4	0.001***

RESULTS AND DISCUSSION

Objective 1: To determine the knowledge of mothers regarding the prevention and management of malnutrition among preschool children.

Figure 1 shows that majority of mothers (46.1%) had average level of knowledge while only 19.1 % of mothers had good knowledge regarding the prevention and management of malnutrition.

Objective 2: To determine the existing practice of mothers regarding the prevention and management of malnutrition among preschool children.

Figure 2 shows that only 24.3% of mothers had reported good practice but 36.6% of mothers had poor practice score.

Objective 3: To determine the association between knowledge of mothers and selected socio personal variables.

According to table 1, there is significant association between the knowledge level of mothers and selected socio personal variables like education status of mothers ($p < 0.01$) and socio economic class ($p < 0.001$). Knowledge score was significantly higher among educated mothers and mothers belonging to upper socio economic class.

Objective 4: To determine the association between practice of mothers and selected socio personal variables.

Table 2 shows that there is significant association between the practice score of mothers and selected socio personal variables like education status of mothers ($p < 0.01$) and socio economic class ($p < 0.001$). Mothers from higher socio economic class and of high education status had significantly higher practice scores.

According to the findings of the study majority of mothers (46.1%) had average level of knowledge while only 19.1 % of mothers had good knowledge regarding the prevention and management of malnutrition. Only 24.3% of mothers had reported good practice but majority of mothers (36.6%) had poor practice score. The study is supported by the findings of the study conducted at Vinayaka Mission Hospital Salem which shows that 50% of the mothers had average knowledge and 30% of mothers had poor knowledge, further 20% of mothers had good knowledge⁴.

The findings are contradictory to some findings in a study conducted by Ms Yadav Sarika in New Delhi which

reveals that 45.52 percent of mothers had good knowledge on prevention of PEM and 41.66 percent of the respondents had the right practice.

The present study reveals that there is significant association between knowledge and practice scores of mothers and their education and socio economic class ($p < 0.01$). The finding is supported by the results of the study conducted by Ms. Yadav Sarika in New Delhi which shows that there was significant association between knowledge and educational status of mothers⁵.

According to the results majority of mothers (46.1%) had average level of knowledge while only 19.1 % of mothers had good knowledge regarding the prevention and management of malnutrition. Only 24.3% of mothers had reported good practice but 36.6% of mothers had poor practice score. Many studies revealed that there is strong association between the nutritional status of children and knowledge and practice of mothers. So the knowledge and practice of mothers should be enhanced on the following areas of good dietary practice, deworming, prevention and management of diarrhea, personal and environmental hygiene by organized health education campaigns in coastal areas.

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