RESEARCH PAPER

"A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICES ON PREVENTION OF MALNUTRITION AMONG MOTHERS OF UNDER-FIVE CHILDREN IN RURAL COMMUNITY OF HARYANA."

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ABSTRACT

Introduction:

Malnutrition remains a significant public health concern among under-five children in rural India, affecting growth, immunity, and overall development. Mothers play a crucial role in preventing malnutrition through appropriate feeding practices, hygiene, and utilization of health services.

Aim:

To assess the knowledge and practices related to prevention of malnutrition among mothers of under-five children and to examine their association with selected demographic variables.

Methodology:

A descriptive non-experimental design was adopted among 100 mothers selected through convenience sampling from rural areas of Haryana. Data were collected using structured questionnaires and checklists and analyzed using descriptive and inferential statistics.

Results:

Most mothers demonstrated good knowledge (86%) and practices (71%) regarding malnutrition prevention. A positive correlation was observed between knowledge and practices (r = 0.63). Maternal education showed a significant association with preventive practices.

Conclusion:

Although mothers had adequate knowledge, strengthening health education and community nutrition programs is essential to further improve preventive practices and reduce malnutrition.

Keywords: *Malnutrition, under-five children, mothers, knowledge, practices*

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INTRODUCTION

Malnutrition among under-five children is a major public health challenge, particularly in developing countries. It occurs when children do not receive adequate nutrients required for normal growth and development. Malnutrition negatively affects physical growth, brain development, immunity, and increases the risk of illness and mortality. Factors such as poor feeding practices, recurrent infections, poverty, and lack of maternal awareness contribute significantly to its prevalence. Early identification and appropriate nutritional interventions during the first five years of life are essential, as this period is critical for lifelong health and development.

STATEMENT OF THE PROBLEM

"To Assess the Knowledge and Practices on Prevention of Malnutrition Among Mothers of Under-Five Children in rural community of Haryana."

OBJECTIVES OF THE STUDY

- To assess the level of knowledge regarding prevention of Malnutrition among mothers of under-five children.
- To assess the Practices related to prevention of

Malnutrition among mothers of under-five children.

Hypotheses

The study aims to test the following hypotheses at a 0.05 level of significance:
H1: There is a significant relationship between mothers' knowledge regarding Malnutrition prevention and selected socio-demographic variables.
H2: There is a significant association between mothers' practices related to Malnutrition prevention and selected socio-demographic variables.

Research Methodology:

Research Approach
The study adopted a descriptive, non-experimental approach to systematically assess the knowledge and practices of mothers regarding malnutrition prevention among under-five children in rural communities of Ambala. This approach focuses on observing and describing characteristics of the selected sample without manipulating variables.

Research Design

A descriptive survey design was used, which allows the researcher to collect factual information and interpret it to understand the phenomenon under study. This design guided the selection of participants, data collection methods, and statistical analysis, providing an organized framework to assess mothers' knowledge and practices related to malnutrition prevention.

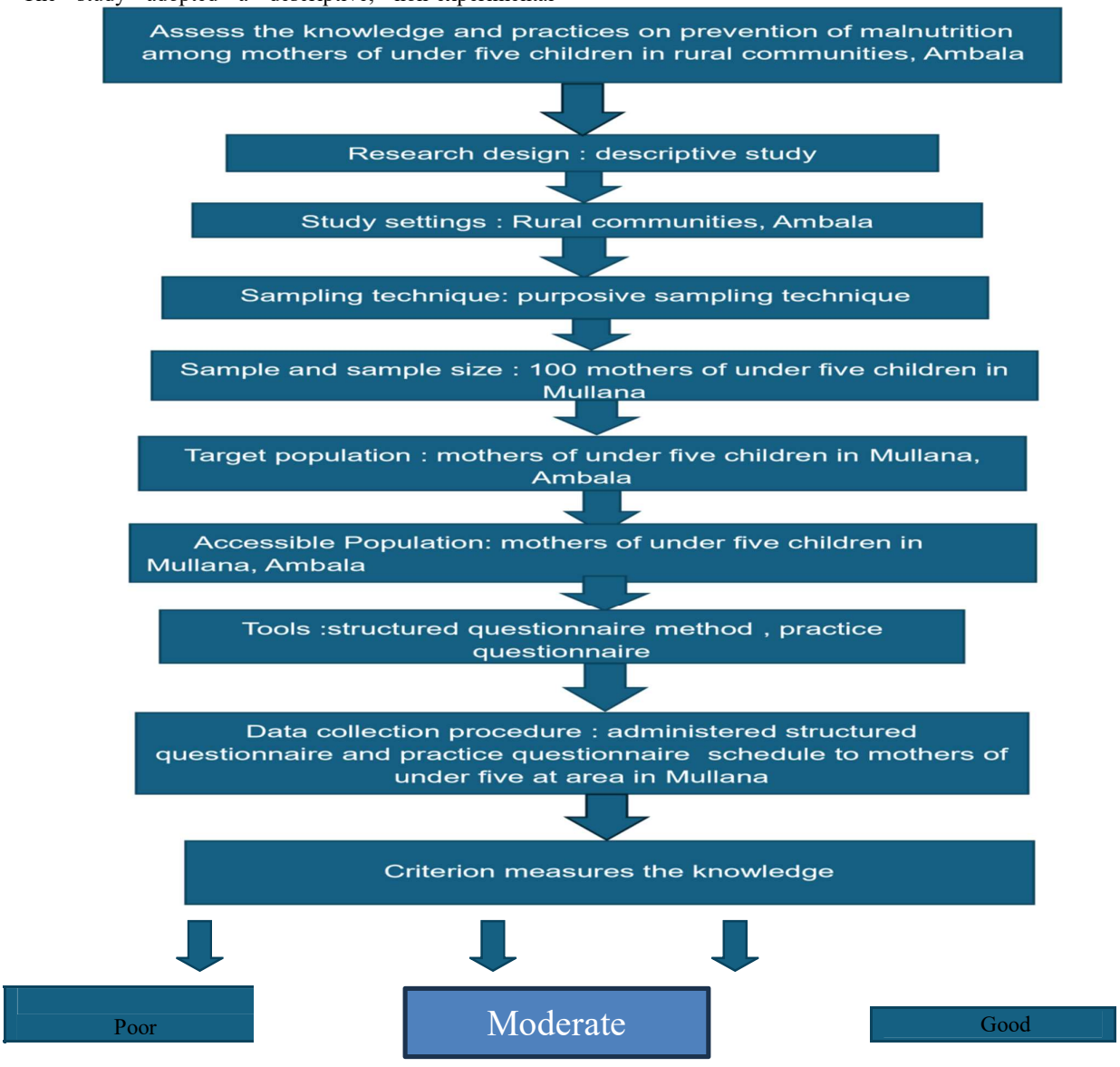

Figure 1: Schematic Representation of Research Design

Variables Under Study

- Independent Variables: Mothers' age, gender, sources of information, and awareness of malnutrition prevention.
- Dependent Variables: Knowledge and practices of mothers regarding prevention of malnutrition in under-five children.

Setting of the Study

The study was conducted in Mullana, Ambala, chosen for feasibility and accessibility of participants.

Population and Sample

The population included mothers of under-five children in Mullana, Ambala. A sample of 100 mothers was selected using purposive sampling. The sample size was calculated using a prevalence-based formula, considering 66.5% prevalence of undernutrition and 10% allowable error.
Inclusion Criteria: Mothers of under-five children who were available and willing to participate. Exclusion Criteria: Sick or non-cooperative mothers during data collection.

Data were collected using a structured questionnaire and practice checklist:

- Part A: 10 items on demographic data.
- Part B: 25 items on knowledge of malnutrition, covering definition, causes, types, clinical features, prevention, and management. Scoring: 1 for correct, 0 for incorrect; categorized as poor (1–7), average (8–17), and above average (18–25).
- Part C: 20-item practice checklist on prevention of malnutrition, scored similarly and categorized as poor (1–6), moderate (7–14), and good (15–20).

Tool Selection and Development

S. No.	Variable	Tool Used	Technique
1	Socio-demographic variables	Structured demographic	Interview method
2	Knowledge regarding Prevention of Malnutrition.	Structured knowledge questionnaire	Interview method
3	Practices regarding Prevention of Malnutrition	Structured practice checklist	Interview method

Organization of Data

- Section A: Frequency and percentage distribution of demographic variables.
- Section B: Assessment of mothers' knowledge on malnutrition prevention.
- Section C: Assessment of mothers' practices regarding malnutrition prevention.
- Section D: Association between mothers' knowledge and selected demographic variables.
- Section E: Association between mothers' practices and selected demographic variables.
- Section F: Correlation between mothers' knowledge and practices on malnutrition prevention.

Table -1: Frequency and Percentage Distribution of Mothers Knowledge on Prevention of Malnutrition. (n-100)

VARIABES	FREQUENCY	PERCENTAGE
Poor knowledge	0	0%
Moderate knowledge	14	14%
Good knowledge	86	86%
Total	100	100

Table 1.2- Frequency and Percentage Distribution of Mothers of under-five Children in terms of Practices in Prevention of Malnutrition.

n=100

VARIABLES	FREQUENCY	PERCENTAGE (%)
Poor Practices	0	0%
Moderate Practices	29	29%
Good Practices	71	71%

Table 1.3-Chi –square showing association of level of knowledge with selected demographic variable.

n=100

s.no	Variables	Poor Knowledge (1-7)	Moderate knowledge (8-17)	Good Knowledge (18-25)	X2	df	P value
1	Age of the Child a) Up to 1 yr b) 1-2 yr c) 2-3 yr d) 3-4 yr e) 4-5 yr		 0 1 5 5 3	 0 0 23 33 30	7.1	3	0.06ns
2	Sex of the Child a) Male b) Female		 9 5	 34 52	3.7	2	0.13ns
3	Mother Education a) No formal education b) Primary Education c) Secondary Education d) Graduate		 2 7 4 1	 3 60 20 3	4.05	3	0.26ns
4	Mother occupation a) Unemployment b) Employed		 9 5	 62 24	0.35	1	0.55ns
5	Father Education a) No formal Education b) Primary Education c) Secondary Education d) Graduate		 3 7 3 1	 5 56 22 3	4.5	3	0.2ns
6	Monthly income a) up to 10,000 b) 10,000-20,000 c) 20,000-30,000 d) Above 30,000		 3 11 0 0	 10 68 7 1	2.1	3	0.53ns
7	Type of family a) Nuclear b) joint		 12 2	 70 16	0.15	1	0.61ns
8	No. of children a) 1 b) 2 c) 3 or more		 3 8 3	 18 49 19	0.004	2	0.92ns
9	Illness during Pregnancy a) Yes b) No		 1 13	 14 72	0.78	1	0.37ns
10	Hospitalization in last 6 months a) Yes b) No		 2 12	 6 80	0.87	1	0.35ns

Table 1.4- Chi –square showing association of level of practices with selected demographic variable .

N=100

s.no	Variables	Poor Knowledge (1-7)	Moderate knowledge (8-17)	Good Knowledge (18-25)	X2	df	P value
1	Age of the Child Up to 1 yr 1-2 yr 2-3 yr		 0 1 9	 0 0 19	2.7	3	0.41ns

	3-4 yr		10	28			
	4-5 yr		9	24			
2	Sex of the Child						
	a) Male		14	29	1.5	2	0.44ns
	b) Female		15	42			
3	Mother Education						
	No formal education		3	2			
	Primary Education		15	52	8.0	3	0.04s
	Secondary Education		8	16			
	Graduate		3	1			
4	Mother occupation						
	a) Unemployment		18	53	1.5	1	0.24ns
	b) Employed		11	18			
5	Father Education						
	a) No formal Education		4	4	6.1	3	0.14ns
	b) Primary Education		13	50			
	c) Secondary Education		10	15			
	d) Graduate		2	2			
6	Monthly income						
	a) up to 10,000		5	8	5.8	3	0.15ns
	b) 10,000-20,000		23	56			
	c) 20,000-30,000		0	7			
	d) Above 30,000		1	0			
7	Type of family						
	Nuclear		26	59	0.2	1	0.61ns
	joint		6	12			
8	No. of children						
	a)1		7	14	0.47	2	0.76ns
	b)2		15	42			
	c) 3 or more		7	15			
9	Illness during Pregnancy						
	a)Yes		4	11			
	b)No		25	60	0.04	1	0.82ns
10	Hospitalization in last 6 months						
	a)Yes		3	5	0.3	1	0.78ns
	b)No		26	66			

Table 1.5 - Correlation between knowledge and practices of Mother of Under-Five Children regarding malnutrition

Variables	mean	Standard deviation
Knowledge	1	0.63

Practices	0.63	1

DISCUSSION

The findings of the present study reveal that 86% of mothers had good knowledge and 14% had moderate knowledge regarding the prevention of malnutrition. These findings are in line with a study conducted by Sharma and Singh (2019), which reported that most mothers of under-five children had adequate knowledge about malnutrition and its prevention.

Regarding practices, 79% of mothers demonstrated good preventive practices, while 21% showed moderate practices. Similar results were observed in the study by Sharma and Singh (2019), where the majority of mothers followed appropriate preventive measures.

The present study also identified a statistically significant positive correlation ($r = 0.63$) between knowledge and practices, suggesting that better knowledge is associated with improved preventive behaviors. A comparable finding was reported by Savitha S.V. et al. (2022), who found a significant positive relationship between mothers' knowledge of infant feeding and their actual feeding practices.

SUMMARY

This descriptive correlational study was conducted among 100 mothers of under-five children in rural Haryana to assess their knowledge and practices regarding the prevention of malnutrition. Convenient sampling was used for data collection through a structured questionnaire and checklist. Both descriptive and inferential statistics were applied to analyze the data, including chi-square tests and Pearson's correlation coefficient.

MAJOR FINDINGS

Most mothers had good knowledge (86%) and good practices (71%) regarding malnutrition prevention.

No significant association was found between knowledge and selected demographic variables.

Mother's education showed a significant association with preventive practices ($p < 0.05$).

A significant positive correlation ($r = 0.63$) was observed between knowledge and practices.

CONCLUSION

The study concludes that while most mothers had adequate knowledge and satisfactory practices regarding the prevention of malnutrition, a slight gap exists between knowledge and its practical application. Maternal education plays a significant role in improving preventive practices. Strengthening awareness and educational interventions may further enhance child nutritional outcomes.

IMPLICATIONS

Nursing Practice:

Community health nurses should actively provide regular nutrition education and counseling to mothers. Practical guidance, including demonstrations on balanced diet preparation and appropriate infant feeding methods, should be emphasized.

Nursing Education:

Nursing curricula should strengthen community-oriented nutrition content. Students must be trained to assess, identify, and manage malnutrition effectively at the grassroots level.

Nursing Administration:

Nursing leaders should organize and support nutrition awareness initiatives, especially in rural settings. Effective coordination and utilization of Anganwadi centers and ICDS services should be promoted.

Nursing Research:

The findings offer baseline information for future studies. Further research focusing on intervention strategies to enhance maternal practices is recommended.

LIMITATIONS

The study involved only 100 mothers, limiting generalizability.

It was restricted to selected rural areas.

Self-reported data may have resulted in response bias.

Limited time restricted deeper investigation.

RECOMMENDATIONS

Future studies should include a larger and more diverse sample.

Comparative research between rural and urban populations is suggested.

Interventional studies, such as structured teaching programs, should be implemented and evaluated.

Long-term studies are needed to examine sustained effects of nutrition education.

Community-based awareness programs should be reinforced through ASHA and Anganwadi workers.

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ETHICAL COMMITTEE

MAHARISHI MARKANDESHWAR INSTITUTE OF MEDICAL SCIENCES & RESEARCH MULLANA, AMBALA

Communication of Decision of the Ethics Committee (IEC)

Project No: IEC 3584

Project Title: Assess the knowledge and practice on prevention of malnutrition among mothers of under five children in rural community, Haryana.
Name of Student/Scholar: Aman, Anirudh, Anisha, Anjana Rani
Name of Institution: MMCN, MULLANA (AMBALA)
☑ New review ☐ Revised review ☐ Expedited review
Date of review (D/M/Y): 06.12.2025 Date of previous review, if revised application: ----------
Decision of the Ethics Committee: ☑ Recommended ☐ Recommended with suggestions ☐ Revision ☐ Rejected
Remarks: Approved
Recommended for a period of : 02 Years

Please note *

- **Inform EC immediately in case of any adverse events and serious adverse events.**
- **Inform EC in case of any change of study procedure, site and investigator**
- **This permission is only for period mentioned above. Annual report to be submitted to EC.**
- **Members of EC have right to monitor the trial with prior intimation.**

Signature of Member Secretary
Ethics Committee
MMIMSR

Member Secretary
Institutional Ethical Committee
M.M.Institute of Medical Sciences
& Research, Mullana (Ambala)

CONSENT FORM

I have read the information in this form. I hereby give my consent to be included as a participant in **"A Study to Assess the Knowledge and Practice on Prevention of Malnutrition Among the Mothers of Under-Five Children in Rural Community, Haryana."**

1. I have read and understood this consent form and the information provided to me.
2. I have been explained about the nature of the study.
3. I agree to cooperate with the investigator.
4. My identity will be kept confidential if my data is publicly presented.
5. I understand that information gained during the research study may be published in the form of a report or journal, and my identity will not be revealed in any way.
6. I understand that I may withdraw from the research project at any stage.

(Signature of the participant) Seema

Researcher to complete:

We certify that we have explained the nature and purpose of the research study and what is involved, and we consider that she/he understands.

(Roll no. 1922009–1922012)

B.Sc. Nursing 4th Year Student

M.M. College of Nursing

Section – A
Socio-Demographic Variables

General Instructions:

1. Please answer all questions honestly.
2. Put a tick mark (✓) against the appropriate answer.
3. This information is collected only for research purposes and will be kept strictly confidential.
4. **Age of the child: _____**years / months
5. Gender of the child:
   a) Male ( )
   b) Female
6. Educational qualification of the mother: ( )
   a) No formal education
   b) Primary education
   c) Secondary education
   d) Graduate
7. **Occupational status of the mother: ( )**
   a) Unemployed
   b) Employed
8. **Educational qualification of the father: ( )**
   a) No formal education
   b) Primary education
   c) Secondary education
   d) Graduate
9. **Monthly family income: ₹ _____**
10. **Type of family:**
    a) Nuclear family
    b) Joint family
11. **Number of children in the family: _____**
12. **Did the mother have any illness during pregnancy? ( )**
    a) Yes
    b) No
13. **Hospitalization in the last 6 months: ( )**
    a) Yes
    b) No
    If yes, specify the reason: __

Section – B

Structured Knowledge Questionnaire on Prevention of Malnutrition

Instructions:

Read each question carefully and put a tick mark (✓) against the most appropriate answer.

Part I: General Knowledge on Malnutrition

1. **What is malnutrition?**
   a) Excess intake of food
   b) Deficiency of nutrients in the body
   c) Eating junk food
   d) Only obesity
2. **Which age group of children is most vulnerable to malnutrition?**
   a) Newborns
   b) Under five years
   c) School-age children
   d) Adolescents
3. **The main cause of malnutrition in children is:**
   a) Lack of balanced diet
   b) Hereditary factors
   c) Climate change
   d) Vaccination
4. **Malnutrition mainly affects which system of the body?**
   a) Digestive system
   b) Growth and development
   c) Respiratory system
   d) Nervous system
5. **Which nutrient is essential for growth in children?**
   a) Proteins
   b) Fats
   c) Carbohydrates
   d) Water

Part II: Knowledge on Infant and Young Child Feeding

6. **Exclusive breastfeeding should be given for how long?**
   a) 3 months
   b) 6 months
   c) 9 months
   d) 1 year
7. **Complementary feeding should be started at:**
   a) Birth
   b) 3 months
   c) 6 months
   d) 1 year
8. **Which food is best as first complementary food?**
   a) Diluted dal/rice
   b) Biscuits
   c) Tea
   d) Carbonated drinks
9. **How many times should a child be fed complementary food per day?**
   a) Once
   b) Twice
   c) 3–5 times
   d) Only when hungry
10. **Which practice helps prevent malnutrition?**
    a) Delayed feeding
    b) Balanced diet
    c) Skipping meals
    d) Restricting food

Part III: Knowledge on Types and Signs of Malnutrition

11. **Which is a common sign of malnutrition?**
    a) Normal growth
    b) Weight loss
    c) Increased appetite
    d) Good immunity
12. **Which condition is caused by protein deficiency?**
    a) Marasmus
    b) Kwashiorkor
    c) Anemia
    d) Rickets

13. **Wasting refers to:**
    a) Low height for age
    b) Low weight for height
    c) Low weight for age
    d) Obesity
14. **Stunting means:**
    a) Short height for age
    b) Low weight for age
    c) Excess body fat
    d) Acute illness
15. **Anemia is caused by deficiency of:**
    a) Calcium
    b) Iron
    c) Vitamin C
    d) Protein
16. **Vitamin A deficiency can cause:**
    a) Blindness
    b) Diarrhea
    c) Fever
    d) Obesity
17. **Which is a danger sign of severe malnutrition?**
    a) Good appetite
    b) Swelling of feet
    c) Normal activity
    d) Weight gain
18. **Mid-upper arm circumference (MUAC) is used to assess:**
    a) Intelligence
    b) Nutritional status
    c) Immunization status
    d) Development
19. **Malnutrition can lead to:**
    a) Increased immunity
    b) Delayed growth
    c) Better learning
    d) Increased strength

Part IV: Knowledge on Prevention of Malnutrition

20. **Which practice helps prevent malnutrition in children?**
    a) Exclusive breastfeeding
    b) Early weaning
    c) Bottle feeding
    d) Skipping meals
21. **Handwashing before feeding the child helps prevent:**
    a) Malnutrition
    b) Infection
    c) Both a and b
    d) None
22. **Which government program supports child nutrition in India?**
    a) ICDS
    b) RNTCP
    c) NVBDCP
    d) NACO
23. **Anganwadi centers provide:**
    a) Only education
    b) Nutrition and health services
    c) Hospital care
    d) Private treatment
24. **Immunization helps prevent malnutrition by:**
    a) Improving appetite
    b) Preventing infections
    c) Increasing weight
    d) Reducing hunger
25. **Regular growth monitoring helps in:**
    a) Early detection of malnutrition
    b) Treating illness
    c) Improving intelligence
    d) Increasing food intake

Knowledge Level	Score Range	Percentage
Poor Knowledge	0 – 7	≤ 33%
Average Knowledge	8 – 17	34 – 67%

Good Knowledge	18 – 25	≥ 68%

Section – C

Structured Practice Questionnaire on Prevention of Malnutrition

Instructions:

Please read each statement carefully and put a tick mark (✓) in the appropriate column.

S. No.	Practice Statements	Yes	No
1	Did you give colostrum to your child after birth?	☐	☐
2	Did you exclusively breastfeed your child for the first 6 months?	☐	☐
3	Do you continue breastfeeding along with complementary feeding?	☐	☐
4	Did you start complementary feeding at 6 months of age?	☐	☐
5	Do you give a balanced diet appropriate for your child's age?	☐	☐
6	Do you prepare food for your child in a hygienic manner?	☐	☐
7	Do you wash your hands before feeding your child?	☐	☐
8	Do you include fruits and vegetables in your child's daily diet?	☐	☐
9	Do you give clean and safe drinking water to your child?	☐	☐
10	Do you feed your child at regular intervals every day?	☐	☐
11	Do you continue feeding during illness (diarrhea/fever)?	☐	☐
12	Did you complete age-appropriate immunization for your child?	☐	☐
13	Do you regularly monitor your child's weight and growth?	☐	☐
14	Do you seek medical advice when your child is not gaining weight?	☐	☐
15	Do you avoid giving junk food to your child?	☐	☐
16	Do you give iron, folic acid, or vitamin supplements as advised by health workers?	☐	☐
17	Did you deworm your child as per the health worker's advice?	☐	☐
18	Do you utilize Anganwadi services for supplementary nutrition?	☐	☐
19	Do you encourage your child to eat patiently without force?	☐	☐
20	Do you follow health education provided by health workers?	☐	☐

Level of Practice	Score Range	Percentage
Poor Practice	0 – 6	≤ 35%
Average Practice	7– 14	36 – 70%
Good Practice	15 – 20	≥ 71%