A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE REGARDING PREVENTION OF MALNUTRITION AMONG THE MOTHER'S OF UNDER-FIVE CHILDREN AT SELECTED ANGANWADI CENTRE IN JAIPUR

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ABSTRACT

Children's nutritional assessment is and will continue to be an essential part of a mother's role, as are the level of knowledge and the kind of practice of mothers, specifically of Under-five Children. Malnutrition or malnourishment is a condition that results from eating a diet in which nutrients are either not enough or are too much such that the diet causes health problems. Mothers who work with children have an important role in identifying whether children are at risk of malnutrition and in monitoring it. This position statement is aimed at all such mothers in GP practices, at home and at Anganwadi Centres. Ensuring that children receive optimum nutrition is everybody's business and mothers in contact with children are in a prime position to identify nutritional problems and take appropriate steps aimed at rectifying these. Mal-nutrition is also one of the major problems in children and due to lack of sufficient nutrients there is failure in maintenance of healthy bodily functions. It is typically associated with extreme poverty in ecologically developing countries. It is also a common cause of reduced intelligence.

Keywords: Prevention of Malnutrition, Anganwadi centre, under five children, Jaipur.

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INTRODUCTION

Malnutrition or malnourishment is a condition that results from eating a diet in which nutrients are either not enough or are too much such that the diet causes health problems.[1] It may pertain to calories, protein, carbohydrates, vitamins or minerals.[2] Not enough nutrients in diet are referred to as undernutrition while too much of it is called overnutrition. The term malnutrition is commonly used to refer to undernutrition. In documents of the World Health Organization, UNICEF, Save the Children or other international non-governmental organisations (NGOs), malnutrition is usually equated to under-nutrition where an individual is **not** getting **enough** calories, protein, or micronutrients.[2] Mothers who work with children have an important role in identifying whether children are at risk of malnutrition and in monitoring it. This position statement is aimed at all such mothers in GP practices, at home and at Anganwadi Centres. Ensuring that children receive optimum nutrition is everybody's business and mothers in contact with children are in a prime position to identify nutritional problems and take appropriate steps aimed at rectifying these. [3]

NEED FOR STUDY

Mal-nutrition is also one of the major problems in children and due to lack of sufficient nutrients there is failure in maintenance of healthy bodily functions. It is typically associated with extreme poverty in ecologically developing countries. It is also a common cause of reduced intelligence.

World Health Organization (WHO) estimates that by 2015, prevalence of malnutrition world-wide will be 17.6%, with the vast majority of them living in developing countries of southern Asia and sub-Saharan Africa. An additional 29% will have stunted growth due to poor nutrition. There were 923 million malnourished people in the world in 2007, an increase of 80 million since 1990, despite the fact that the world already produces enough food to feed everyone - 6 billion people - and could further feed the double number - 12 billion people.

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding prevention of malnutrition.
2. To assess the practice regarding prevention of malnutrition.
3. To associate knowledge of mothers regarding prevention of malnutrition with their socio-demographic variables.
4. To associate practice of mothers regarding prevention of malnutrition with their socio-demographic variables.

HYPOTHESIS

H1: There is no significant relationship between knowledge and practice of mothers regarding prevention of malnutrition.

H2: There is no significant relationship between knowledge, practice and the mothers' socio-demographic variables.

Figure - 1: Age distribution among mothers assessed about malnutrition

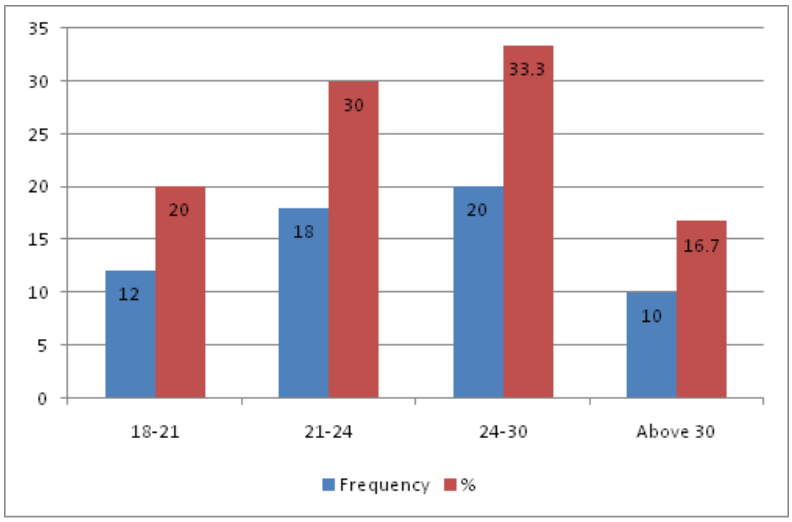

Figure - 2: Distribution of mothers assessed about malnutrition according to their qualifications

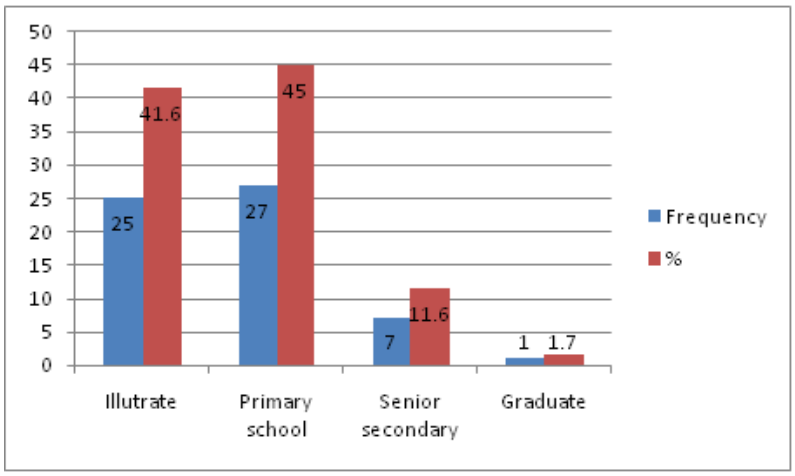

Figure - 3: Received specialised training or not on malnutrition among mothers of the study

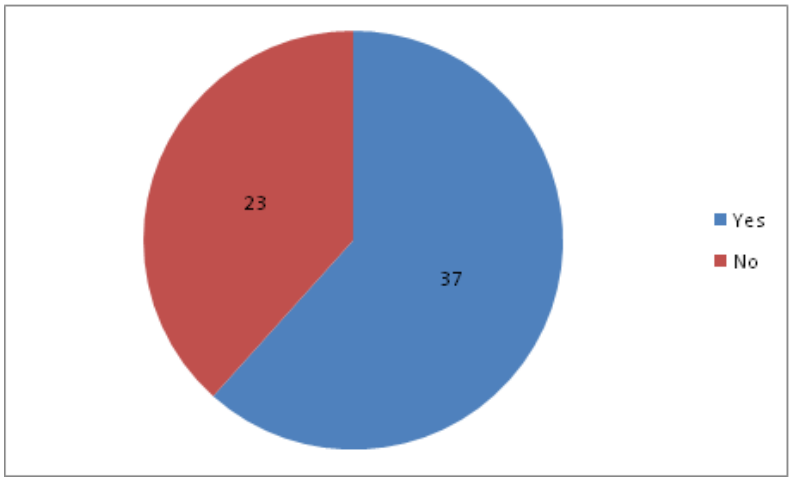

Figure - 4: Place of receiving specialised training on malnutrition among mothers of the study

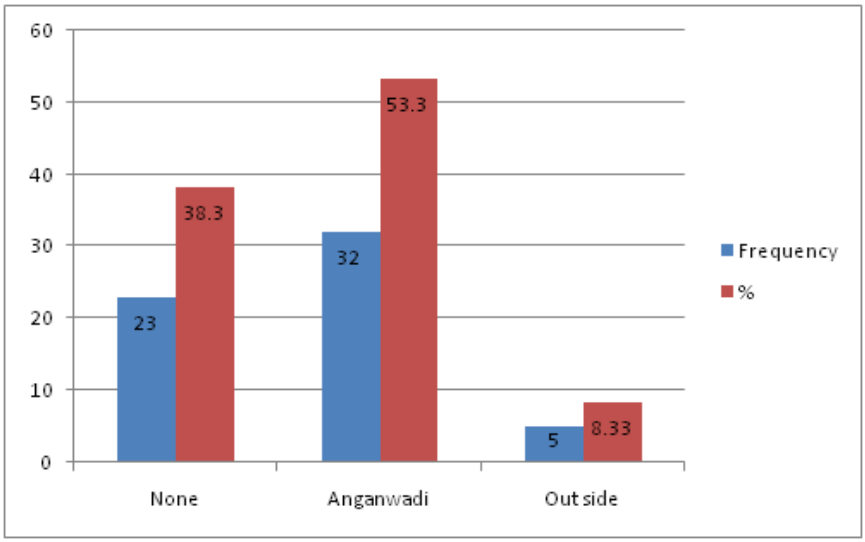

Figure - 5: Updating of Anganwadi Centre courses

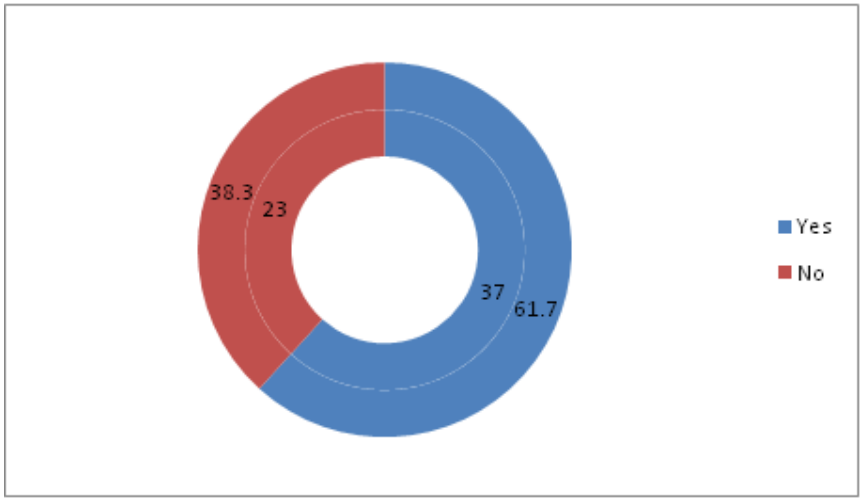

Table - 1: Knowledge about the classification of malnutrition

Knowledge about classification of malnutrition according to severity:	**Frequency**	**Percent**
Yes	24	40.00
No	36	60.00
Total	**60**	**100.00**
Knowledge about Kwashiorkor and Marasmus		
Yes	23	38.33
No	37	61.66
Total	**60**	**100.00**

Table - 2: Knowledge about complications of malnutrition

Complication of malnutrition:	Frequency	Percent
Sepsis	21	35.00
Heart failure	16	26.66
Renal failure	13	21.66
Sepsis and heart failure	3	5.00
Sepsis and Renal failure	2	3.33
Heart failure and renal failure	2	3.33
All are true	3	5.00
Total	**60**	**100.00**

Table - 3: Knowledge about how to prevent malnutrition

How to prevent malnutrition:	Frequency	Percent
Start supplementary food after six months	26	43.33
Education of the mother how to prepare meal for her child	34	56.66
Total	**60**	**100.00**

CONCLUSION

Mothers showed poor degree of knowledge, against proportionally higher degree of practice and this was assumed to affect performance regarding prevention of malnutrition.

ABBREVIATIONS

NGOs	Non-Governmental Organisations
BMI	Body Mass Index
MNA - SF	Mini Nutritional Assessment – Short Form
NCHS	National Conference on Health Statistics
ORS	Oral Rehydration Salts
PEM	Protein Energy Malnutrition
WHO	World Health Organization

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