A study to assess knowledge, attitude and practices of mothers of under five children regarding prevention of Protein Energy Malnutrition

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ABSTRACT:

Introduction: Protein Energy Malnutrition is a public health problem in under five children and mothers are mainly responsible for that. So this study was conducted to assess knowledge Attitude and Practices of mothers of under than five children regarding Protein Energy Malnutrition and its prevention.

Material and method: This study was conducted on 300 mothers of under five children residing in Dhand for more than one year. Mothers who are not available at the time of survey were excluded from study. **Section 'A':** details demographic data of the mother, child and the family **Section 'B':** This section includes assessing the knowledge of the mothers of under five children with a structured questionnaire.

Result: Out of 300 mothers of under five children, 240 (80%) of the mothers have inadequate knowledge, 60 (20%) mothers of under five children have moderate knowledge and none of them are having adequate knowledge. (Out of 300 mothers of under five children, majority of 170 (56.66%) mothers of under five children belongs to neutral attitude, 130 (43.33%) mothers of under five children had favourable attitude and none of them had unfavourable attitude.

Discussion: The present study 240(80%) of the mothers of under five children have inadequate knowledge, 60 (20%) mothers of under five children have moderate knowledge and none of them are having adequate knowledge.

Keywords: Mothers of under Five Children, Protein Energy Malnutrition (PEM), Knowledge Attitude and Practices (KAP)

INTRODUCTION:

Malnutrition is a manmade disease which often starts in the womb and ends in the tomb. It is a global problem especially in developing countries in even in under privileged communities of some developed countries.¹

Protein energy malnutrition is a wide spread type of under nutrition among the underprivileged in tropical and subtropical countries. It is caused by a diet that is severely deficient in protein and contains less than adequate calories. Kwashiorkor occurs in infants and children between 4 months and 5 years of age. Marasmus is a form of under nutrition caused by inadequate calorie intake occurring chiefly during the first year of life.²

Nutritional status plays a vital role in the deciding the health status particularly in children. Nutritional deficiencies give rise to various morbidities, which in turn may lead to increased mortality. Under nutrition

also is known factor closely associated with child mortality.⁴

. Countrywide National Family Health Survey II data show mean underweight prevalence increases from 11.9% below 6 months infants to 58.4% at 12-23 months of age. The intervention group as a whole had improved feeding practices.⁵

METHODOLOGY

This community based descriptive observational study was conducted in rural area of Dhand, Amer, Jaipur, Rajasthan during year 2018.

Structured questionnaire schedule had following four parts:-

Section 'A': It consists of details demographic data of the mother, child and the family

Section 'B': This section includes assessing the knowledge of the mothers of under five children with a structured questionnaire. This includes 20 structured questions, which are categorized under

two headings.

- Knowledge on protein energy malnutrition-10 items
- Knowledge on prevention of protein energy malnutrition-10 items

All the questions in this section were multiple choice questions with three distracters and one correct answer. Each correct answer was awarded a score of „1“ mark and each wrong answer is given the score of „0“. The maximum score of this structured interview schedule was 20. The resulting score was interpreted as follows:-

Section 'C': This section includes assessing the attitude of the mothers of under five children with a five point likert scale and the data is collected by structured interview schedule. It consists of 10 items. The likert scale consist 5 attitudinal statements on “strongly agree”-SA, “agree-A”, “undecided- UD”, “disagree- DA”, “strongly disagree-SDA”. The maximum score is 50; the resulting score was interpreted as follows:-

Section 'D': This section includes assessing the practices of the mothers of under five children with a structured questionnaire.

RESULTS

Out of 300 mothers of under five children, 240 (80%) of the mothers have inadequate knowledge, 60 (20%) mothers of under five children have moderate knowledge and none of them are having adequate knowledge. (Figure 1)

Out of 300 mothers of under five children, majority of 170 (56.66%) mothers of under five children belongs to neutral attitude, 130 (43.33%) mothers of under five children had favourable attitude and none of them had unfavourable attitude. (Figure 2)

Out of 300 mothers of under five children, 160(53.33%) of the mothers of under five children had average practices, 110(36.66%) of the mothers of under five children follow poor practices and 30(10%)

Figure 1

Knowledge wise distribution of Study Population

Figure 2

Attitude wise distribution of Study Population

Mothers of under five children follows good practices. (Figure 3)

Out of total 10 scores of knowledge on protein energy nutrition mean score was 3.42 (34.2 mean %). Likewise, out of total 10 scores knowledge on prevention of protein energy malnutrition mean score was

4.12 (41.2 mean %). Total mean score for knowledge was 7.52 out of total 20 score i.e. mean% score 37.6. Mean score for attitude and practice were 37 (out of total 50) and 4.95 (out of total 10) respectively so mean % score were 74% and 49.5% respectively.

Table 2

Knowledge, Attitude and Practice Scores of Study Population

S. No.	Areas	Max Score	Range	Mean	Mean (%)	Median	SD
1	Knowledge on protein energy nutrition	10	0-8	3.42	34.2	3	2.02
	Knowledge on prevention of protein energy malnutrition	10	1-7	4.12	41.2	4	1.54
	Knowledge total score	20	2-14	7.52	37.6	7	2.67
2	Attitude	50	27-48	37	74	37	4.3
3	Practice	10	0-9	4.95	49.5	5	2.06

DISCUSSION

The present study 240(80%) of the mothers of under five children have inadequate knowledge, 60 (20%) mothers of under five children have moderate knowledge and none of them are having adequate knowledge

Maximum malnutrition regarding stunting (40.75%) was seen in children whose mothers were illiterate and maximum underweight (57.89%) was seen in children whose mothers had education up to primary level and maximum wasting (33.33%) was seen in children whose mothers (only 3 mothers out of 400) were graduates.¹⁰

They reported that mother's practical knowledge about nutrition may be more important than formal maternal education for child nutrition outcome.¹¹

The result shows that attitude towards feeding during illness; most mothers of a well-nourished child believe that feeding during illness is better for recovery.¹²

Overweight and stunting were the major anthropometric problems and therefore should be a priority for public policies.¹³

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