

Descriptive Study on Protein Energy Malnutrition among Mothers

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Abstract

A study was conducted to assess the knowledge of mothers of under five children regarding protein energy malnutrition. The sample of this study comprised of 40 mothers. Convenience sampling technique was used to draw the sample for the study. Collected data was analyzed by using descriptive and inferential statistics. In present study the mothers mean value on types of protein energy malnutrition is 0.40 with the mean percentage of 40%. The mean value for the clinical features of protein energy malnutrition is 0.20 with the mean percentage of 20%. The mean value for the management of protein energy malnutrition is 0.29 with the mean percentage of 29%.

Keywords: Protein Energy Malnutrition; Under Five Children; Knowledge.

Introduction

World's greatest resource for healthy lives is the children of today. Today's children's are tomorrow's citizens and leaders. The resources spend on the care, un keep and health of the young ones from investment for the future. The most glaring nutritional disorder in India is protein energy malnutrition. One in every three malnourished children is the world lives in India. Malnutrition refers to the situation where there is an unbalanced diet in which some nutrients are in excess, lacking or wrong proportion. The World Bank estimates that India is one of the highest ranking countries in the world for number of children suffering from malnutrition.

Describing malnutrition as India's silent emergency, the World Bank report says that the rate of malnutrition cases among children in India is almost 5 times more than in China. One of the major causes for malnutrition in India is gender inequality. Due to low social status of Indian women, their diet often lacks in both quality and quantity. In India, mothers generally lack proper knowledge in feeding children.¹ In India around 46% of all children below

the age of 3 are too small for their age, 47% are underweight and at least 16% are wasted. Many of these children are very severely malnourished. 1.3 million Children die every year in India because of malnutrition. In a shocking revelation, a government report suggests that around 48% children of the country under age of 5yrs have stunted growth, indicating that half of the children are chronically malnourished in India.

According to the records of children in India 2012, a statistical appraisal by union ministry of statistics and programme implementation, acute malnutrition as evidenced by wasting results in a child being too then for his/her weight. While 19.8% of children under 5yrs of age are wasted in the country, which indicates that one out of every 5 children in India is wasted. 43% children under 5yrs of age are under weight for their age [2]. A case controlled study was conducted in a rural area in Tamilnadu, India. 34 cases and 34 controls were selected by using local hospitals list of young children. The result s suggested that the gender of the child and socioeconomic factors were stronger risk factors of mal nutrition. In view of above consideration the researcher felt that the need to do the study among mothers regarding protein energy malnutrition [3].

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Statement of the Problem

A study to assess the knowledge of mothers of under five children's regarding protein energy malnutrition in selected area Jeolikote, Uttarakhand.

Objectives of the Study

1. Assess the knowledge of mothers regarding malnutrition.
2. Explore the association of knowledge score of mothers regarding malnutrition with selected demographic variables.

Materials and Methods

The investigator has selected descriptive research design. The setting for the study is rural community area, Jeolikote, Nainital. The sample for the present study includes mothers of under five children who are residing in community area, Jeolikote. The convenience sampling technique is a type of non-probability sampling was found appropriate for the study. The population of the present study comprised of 40 mothers.

Tool for Data Collection

In the present study the tool consists of 2 parts.

Part-I: Demographic data.

Part-II: Comprises of questionnaire regarding protein energy malnutrition.

Method of Data Collection

Investigator collected data after gathering permission from PHC, Jeolikote, Nainital and approval was obtained to conduct the study. The participants were informed about the purpose of the study and written consent was taken from the participants. The tool was distributed to the participants. On an average each participants took 15-20mts to fill the data. The data was collected in the month of March 2014. The respondents were cooperative and the investigator did not face any significant problem.

Analysis and Interpretation

The data was collected from mothers analyzed and interpreted by descriptive and inferential statistics. Analysis was done on the objectives of the study. The level of significance was set at 0.05 levels.

Table 1: Demographic variables of the respondents

N= 40

S.No	Variables	category	Frequency	Percentage
1	Age in years	20-25	12	30.00
		25-30	17	42.50
		30-35	11	27.50
2	Education	Primary school	02	05.00
		High school	04	10.00
		Intermediate	13	32.5
		Degree & above	21	52.5
3	Occupation	Employed	04	10.00
		House wife	36	90.00
4	Family income	Rs.2000 -3000	10	25.00
		Rs 3000 -4000	-	-
		Rs 4000 -5000	10	25.00
		Rs 5000& above	20	50.00
5	Socio economic status	Low	20	50.00
		Middle	20	50.00
6	Types of family	Joint	22	55.00
		Nuclear	18	45.00
7	Exposure of information about PEM	Yes	02	05.00
		No	38	95.00
8	If, yes source of information	News paper	-	-
		Health personnel	02	05.00

Table 1 represents the data on the percentage distribution of the variables included in the study. Majority of the respondents 42.5% was in the age group between 25-30 years and only 27.5% were in the age group between 30-35 years. With regard to the literacy 52.5% had completed degree while only 5%, had completed primary school. The data on occupation revealed that 90% were housewives and

10%, were employed as daily laborers. Regarding the respondents family income majority 50%, had family income above 5000 and a 25%, had an income between 2000-3000 per month, this corresponds to the subjects low socio economic status 50%. This corresponds to the samples low socio economic status (50%). Regarding the type of family 55% were living in joint family and 45% were nuclear family. The

data on source of information revealed that majority 95% did not receive information on protein energy malnutrition.

Tables 2 indicate the overall mean and mean percentage of aspects on protein energy malnutrition. The mean score of mothers on types of protein energy malnutrition is 0.40 and 40% is the mean percentage. The clinical features mean value is 0.20 and mean percentage is 20%. The management of mothers mean

score is 0.29 and mean percentage is 29%.

Table 3 indicates the association between variables and knowledge scores of mothers regarding protein energy malnutrition. The analysis revealed that there is a significant association between education, occupation and remaining variables such as age, family income, and type of family were not found to be significant.

Table 2: Mean and mean percentage of aspects on protein energy malnutrition. N=40

Aspects of protein energy mal nutrition	Mean value	Mean percentage
Types	0.40	40%
Clinical features	0.20	20%
Management	0.29	29%

Table 3: Association between knowledge scores of mothers regarding protein energy malnutrition and selected demographic variables

Variables	Calculated value
Age	1.54*
Education	23**
Occupation	25.6**
Family income	4.99*
Types of family	0.4*

*Non significant, ** Significant at p<0.05 level.

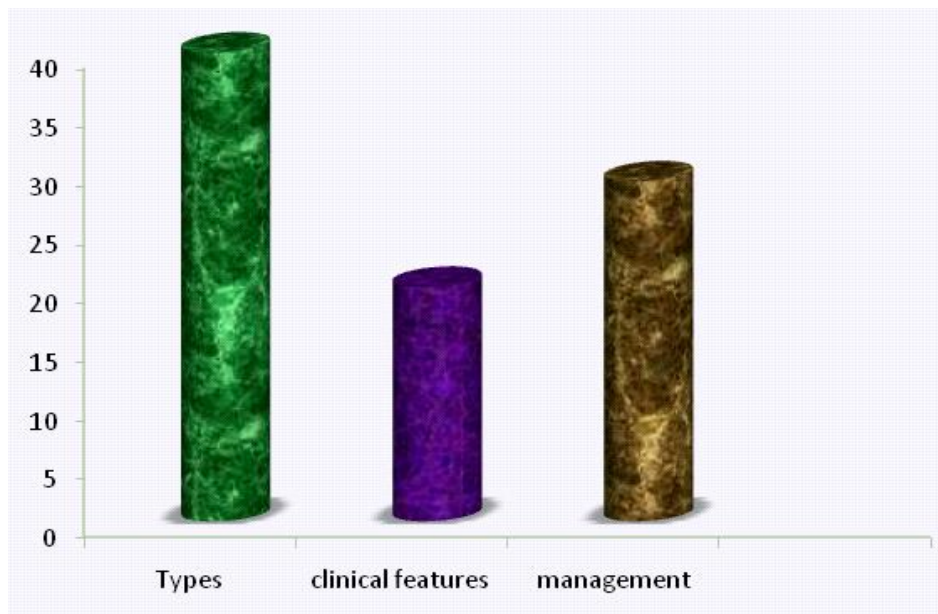


Fig. 1: Shows mean and mean percentage of aspects on protein energy malnutrition.

Discussion

The findings are discussed corresponding to the objectives of the study.

Demographic Characteristics of the Respondents
Majority of the respondents belonged to the age group

of 25-30 years (42.5%). Majority of the respondents had 21 (52.5%) completed degree. The data revealed 36(90%) were house wives. It was revealed that 20 (50%) had above 5000 monthly income. It was revealed that 20(50%) were low socio economic status. Out 40 samples majority 22(55%) of them were living in joint family. Out 40 samples 38(95%) were not received information. The data reveals 2(5%)

received information through health personnel.

Assess the Knowledge of Mothers Regarding Malnutrition

In present study the mothers mean value on types of protein energy malnutrition is 0.40 with the mean percentage of 40%. The mean value for the clinical features of protein energy malnutrition is 0.20 with the mean percentage of 20%. The mean value for the management of protein energy malnutrition is 0.29 with the mean percentage of 29%. It indicates the mothers' knowledge regarding protein energy malnutrition. Similar studies were found to assess the mother's knowledge regarding protein energy malnutrition by national child and mother nutritional survey. The results of the study revealed only 30.9% of mothers have adequate knowledge regarding protein energy malnutrition [4].

Explore the Association of Knowledge Scores of Mothers Regarding Protein Energy Malnutrition with Selected Demographic Variables among Mothers

An association of selected demographic variables in relation to their knowledge was studied using chi-square test. The analysis revealed that there is a significant association between education and occupation and remaining variables were found to be non significant.

Conclusion

In India 1.3 million die every year due to protein

energy malnutrition. One in every 3 malnourished children in the world lives in India. This study reveals women residing in community area have lack of knowledge in types, clinical features and management of protein energy malnutrition. Since, increased awareness early diagnosis will be the effective to save the life of the children's. Nursing professionals together with their counterparts must organize awareness and screening programmes among vulnerable groups of women's of under five children regarding protein energy malnutrition.

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