

Impact of Structured Educational Programme on Knowledge Regarding Malnutrition & its Prevention among Mothers of Under Five Children Residing in Selected Rural Area at Sikar City (Rajasthan)

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Abstract

Original Research Article

In India, around 43% of its children under the age of five are malnourished or undernourished. Malnutrition is more common in India than in sub-Saharan Africa. It is estimated that one in every three malnourished children in the world live in India. The Millions of Indian children are deprived of their right to survival, health nutrition, education and safe drinking water. It is reported that 63% of them go to bread hungry, 53% suffer from malnutrition. Deaths in children constitute more than 34% of total deaths in India. Seven out of ten of these deaths are due to respiratory infections, diarrhoea and malnutrition. There is high under five morbidity and mortality in India. hence a study was conducted from 06Feb. 2019 to 17June 2019 to assess the Impact Of Structured Educational Programme On Knowledge Regarding Malnutrition& Its Prevention Among Mothers of Under Five Children Residing In Selected Rural Area At Sikar City (Rajasthan). A pre-experimental, one group pre-test, post-test design was used without a control group on 400 Mothers of under Five Children. The technique used in the study is Non probability convenient sampling technique and result hows that knowledge regarding malnutrition & its prevention among mothers of under five children who have participate in the study in which 263(65.8%) had Poor knowledge score, 119 (29.8%) had Average knowledge score, and 18 (4.5%)had Good knowledge score. After the implementation of Structured Educational Programme, there is a significant increase level of knowledge of mothers of under five children regarding malnutrition & its prevention.

Keywords: Educational Programme, Mothers of fewer than Five Children, Malnutrition.

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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. The Millions of Indian children are deprived of their right to survival, health nutrition, education and safe drinking water. It is reported that 63% of them go to bread hungry, 53% suffer from malnutrition. Protein energy malnutrition is major contributory factor in majority of these childhood morbidities and mortalities. Children under-five are the most vulnerable in that, they do not get enough of the right foods to eat and are confronted with factors leading them to become undernourished an element of underweight. At present 65% under five children are under weight which includes 47% moderate and 18% severe cases of malnutrition. There is no significant reduction in

prevalence of malnutrition during last 12-13 years in spite of various programmes.

Need of the study

Despite India's considerable social and economic progress over the decades, malnutrition continues to be a grave problem, particularly among vulnerable population of the community. The World Bank reported that India had 20% of the world's population, out of which 40% were malnourished. In India about 2/3 portion of under five children of our country is malnourished among than 5.8% is severely malnourished whole rest fall in the group of mild or moderate malnutrition so it can be said that malnutrition is one of the most widely spread condition affecting child health.

In India nearly 75% of the population reside in villages of the total rural population around 50% is still under the poverty line, in India children not get adequate nourishment because a very low income of their families.

REVIEW OF LITERATURE

Indian Govt. Institution based cross sectional study conducted at OPP for children, of medical college, Kolkata from 1 to 11th November 2000 among children under five to children OPDD Among children under five, 51% were considered malnourished according to IAP categories. Of these 29% had grade I, 14% from grade II, 6% from grade III and 2% from grade IV malnutrition. When looking at about five factors of malnutrition in the research team, it has been found that the level of malnutrition was significantly higher for Muslims compared to Hindus and children with illiterate mothers.”

Peter Svedberg (2008) a study conducted in India in the early 1990's, about half of all preschoolers were malnourished, as measured by having problems with obesity or age. In 2005-06, 46% of all young children were underweight and 38% were depressed. Between 1993 and 2006, the increase in child disability and low birth weight decreased by only 23% and 12% over 13 years. These weight loss rates appear modest compared with China, where child mortality decreased from 33% to 10% between 1992 and 2005 and underweight children were almost reduced. Although the percentage of malnourished children under the age of three has dropped from 52% to 46%, it is still far below the millennium development goals.

Mineguruji CJ (2008): F.A.O. stated that the Rajasthan was the most affected states in India were the prevalence of underweight children was above 60%. Rajasthan, Gujarat, Orissa, Arunachal Pradesh, Maharashtra, Madhya Pradesh, Andhra Pradesh showed extremely poor nutritional status. Malnutrition in children has touched a high of 68 percent during the current fiscal in Raichur district, Karnataka. According to its findings of the 1 lakh children survey 32,295 weighed normal a normal weight in the five taluks of the district. The remaining children were suffering from malnutrition. The figure may go up if steps are not taken to set right the anomalies found in the implementation of nutrition programmes by the district administration.

WHO (2004): A study conducted in Rajasthan to identify an increase in malnutrition in Rajasthan children, involved 256 children who visited anganwadies. Children 12 to 60 years old come from the suburbs of Jaipur. The increase in waste was particularly prominent among the group of adults.

Govt. of Karnataka (2002): According to the ICDS, the increase in malnutrition among children aged 1 to 5 in 2001-2002 in Rajasthan revealed that, in 2001, mild malnutrition was highest in Jaipur by 50 percent and very low in Bellary, Shimoga and Kolar by 33 percent. During 2002 low malnutrition was very high at dharwad 55 percent. In 2001, moderate malnutrition was high in kolar 56% and was significantly lower in belgaum. Severe malnutrition was reported to be highest in 2001 at belgaum 14% and below mandya and dharwad 1 percent. In 2002 severe malnutrition was highest in the uterus and Raichur 9 became a percentage and significantly decreased in dakshinakannada and chikka Mangalore.

MATERIALS AND METHODS

Research approach

The main aim of this study is to check the Impact Of Structured Educational Programme On Knowledge Regarding Malnutrition & Its Prevention Among Mothers Of Under Five Children Residing In Selected Rural Area At Sikar City (Rajasthan). A pre-experimental, one group pre-test, post-test design was used without a control group on 400 Mothers of under Five Children. The Samples were selected by Non probability convenient sampling

DATA ANALYSIS & RESULTS

The collected data is tabulated, analyzed, organized and presented under the following headings:

Section I: Description of socio-demographic variables.

Section II: Impact of Structured Educational Programme by comparing Pre-test & post-test level of knowledge score Regarding Malnutrition & Its Prevention among Mothers of under Five Children

Section III: Association between pre-test knowledge score of mothers of under five children and demographic variables.

Section I: analysis of demographic data by using frequency and percentage.

Table-1: Description of demographic characteristics of adolescents

Sr. No.	Demographic Variables	Frequency	Frequency Percentage (%)
1.	Age of the mother		
	19-23 years	124	31.0%
	24-28 years	137	34.2%
	29-33 years	84	21.0%
	34 years and above	55	13.8%
2.	Religion		
	Hindu	257	64.2%
	Muslim	108	27.0%
	Other	35	8.8%
3.	Educational status of the mother		
	Illiterate	46	11.5%
	Primary education	120	30.0%
	Secondary education	70	17.5%
	Senior Secondary education	83	20.7%
	Graduation	50	12.5%
	Post-graduation	31	7.8%
4.	Occupation of the mother		
	House wife	216	54.0%
	Daily wages	92	23.0%
	Self business	37	9.2%
	Private employee	35	8.8%
	Government employee	20	5.0%
5.	Monthly income of family (In Rupees)		
	Below 10,000	156	39.0%
	10,001-20,000	191	47.8%
	20,001-30,000	29	7.2%
	30,001 and above	24	6.0%
6.	Type of family		
	Nuclear family	233	58.2%
	Joint family	148	37.0%
	Extended family	19	4.8%
7.	Type of Diet		
	Vegetarian	199	49.8%
	Non-Vegetarian	122	30.4%
	Mixed	79	19.8%
8.	Number of under five children		
	One	120	30.0%
	Two	219	54.8%
	More than two	61	15.2%
9.	Immunization status of the children		
	Not immunized	179	44.8%
	Partially immunized	165	41.2%
	Completely immunized	56	14.0%
10.	Previous knowledge regarding malnutrition & its prevention		
	Yes	338	84.5%
	No	62	15.5%
	If yes than from where you get information regarding malnutrition		
	Mass Media	137	40.5%
	Family / Friends / Relatives / Neighbors	145	42.9%
	Health worker	56	16.6%

MAJOR FINDINGS OF STUDY

Suggest that distribution showed that most of (124) 31.0% respondents were belongs to the age group of 19-23years, (137) 34.2% respondents were belongs to the age group of 24-28 years, (84) 21.0% respondents were belongs to the age group of 29-33 years and (55) 13.8% respondents were belongs to the age group of 34 years and above.

The religion status of mother in which (257) 64.2% respondents were belongs to the group of Hindu, (108) 27.0% respondents were belongs to the group of Muslim and (35) 8.8% was found in the group of other.

Educational status of mothers in which (46) 11.5% respondents were belongs to the group of illiterate, (120) 30.0% respondents were belongs to the group of primary education, (70) 17.5% respondents were belongs to the group of secondary education, (83) 20.7% respondents were belongs to the group of senior secondary education, (50) 12.5% respondents were belongs to the group of graduation and (31) 7.8% respondents were belongs to the group of post-graduation.

Occupation status of mothers in which (216) 54.0% respondents were belongs to the group of house wife, (92) 23.0% respondents were belongs to the group of daily wages, (37) 9.2% respondents were belongs to the group of self business, (35) 8.8% respondents were belongs to the group of private employee and (20) 5.0% respondents were belongs to the group of government employee.

Monthly income status of mothers in which (156) 39.0% respondents were belongs to the group of below 10,000, (191) 47.8% respondents were belongs to the group of 10,001-20,000, (29) 7.2% respondents were belongs to the group of 20,001-30,000 and (24)

6.0% respondents were belongs to the group of 30,001 and above.

Family status of mothers in which (233) 58.2% respondents were belongs to the group of nuclear family, (148) 37.0% respondents were belongs to the group of joint family and (19) 4.8% respondents were belongs to the group of extended family. Diet status of mothers in which (199) 49.8% respondents were belongs to the group of vegetarian, (122) 30.4% respondents were belongs to the group of non-vegetarian and (79) 19.8% respondents were belongs to the group of mixed.

Number of under five children in family in which (120) 30.0% respondents were belongs to the group of one child, (219) 54.8% respondents were belongs to the group of two children and (61) 15.2% respondents were belongs to the group of more than two children.

Immunization status of under five children in which (179) 44.8% respondents were belongs to the group of not immunized, (165) 41.2% respondents were belongs to the group of partially immunized and (56) 14.0% respondents were belongs to the group of completely immunized.

Previous knowledge of mothers in which (338) 84.5% respondents were belongs to the group of yes and (62) 15.5% respondents were belongs to the group of no. In which group of yes (137) 40.5% respondents were belongs to the group of mass media, (145) 42.9% respondents were belongs to the group of family/friends / relatives / neighbours and (56) 16.6% respondents were belongs to the group of health worker.

Section II: Impact Of Structured Educational Programme by comparing Pre-test& post-test level of knowledge score Regarding Malnutrition& Its Prevention among Mothers of fewer than Five Children

Table-2: Comparison of Pre-test & Post-test knowledge score

Level of knowledge	Pre-test		Post-test	
	Frequency (f)	Frequency Percentage (%)	Frequency (f)	Frequency Percentage (%)
Poor (50%)	263	65.8%	26	6.5%
Average (51-73%)	119	29.7%	175	43.7%
Good (74-100%)	18	4.5%	199	49.8%
Total	400	100.0%	400	100.0%

Comparison Pre-Test & Post-Test Knowledge Score

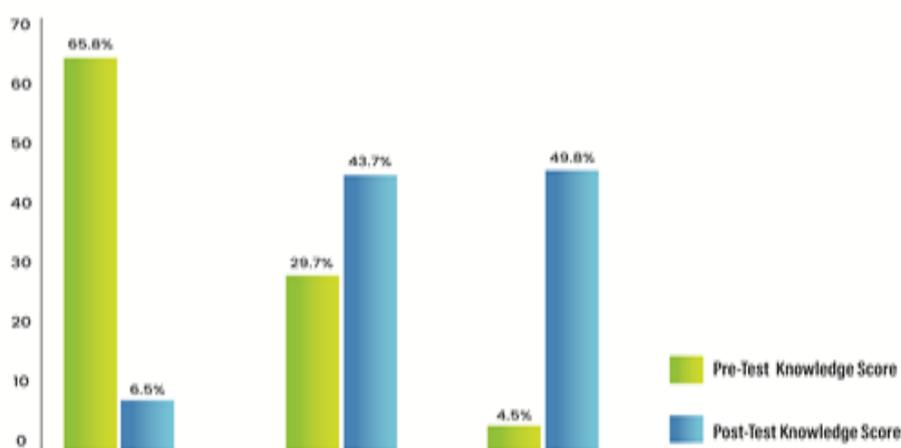


Fig-1:-Multiple Bar diagram showing Comparison of samples between Pre-test & Post-test knowledge score

FINDINGS OF STUDY

Shows the pre-test level of knowledge score of mothers of under five children who have participated in the study in which (263)65.8% had poor knowledge score, (119) 29.7% had average knowledge score and (18) 4.5% had good knowledge score of malnutrition & its prevention. Post-test level of knowledge score of mothers of under five children who have participated in the study in which (26)6.5% had poor knowledge score, (175) 43.7% had average knowledge score and (199)49.8% had good knowledge score of malnutrition & its prevention. This shows the impact of Structured Educational Programme and there is a significant increase level of knowledge of mothers of under five children regarding malnutrition & its prevention.

Section III

Association between pre-test knowledge score of mothers of under five children and Demographic variables.

FINDINGS OF STUDY

Shows that there is significant association between age, educational status, occupation, monthly family income, type of family about malnutrition & its prevention among mothers of fewer than five children.

There was significant $\chi^2 = 20.379$ ($P < 0.05$) association between age of mothers of under five children and pre-test knowledge score on malnutrition & its prevention. There was no significant $\chi^2 = 5.269$ ($P < 0.05$) association between religion of mothers of under five children and pre-test knowledge score on malnutrition & its prevention. There was significant $\chi^2 = 22.929$ ($P < 0.05$) association between education of mothers of under five children and pre-test knowledge score on malnutrition & its prevention.

There was significant $\chi^2 = 18.031$ ($P < 0.05$) association between occupation of mothers of under five children and pre-test knowledge score on

malnutrition & its prevention. There was significant $\chi^2 = 14.429$ ($P < 0.05$) association between monthly income of family of mothers of under five children and pre-test knowledge score on malnutrition & its prevention. There was significant $\chi^2 = 16.951$ ($P < 0.05$) association between type of family of mothers of under five children and pre-test knowledge score on malnutrition & its prevention.

There was no significant $\chi^2 = 6.821$ ($P < 0.05$) association between type of diet mothers of under five children and pre-test knowledge score on malnutrition & its prevention. There was no significant $\chi^2 = 6.939$ ($P < 0.05$) association between number of under five children and pre-test knowledge score on malnutrition & its prevention. There was no significant $\chi^2 = 3.397$ ($P < 0.05$) association between immunization status of children and pre-test knowledge score on malnutrition & its prevention.

There was no significant $\chi^2 = 1.286$ ($P < 0.05$) association between previous knowledge of mothers of under five children and pre-test knowledge score on malnutrition & its prevention. There was no significant $\chi^2 = 7.531$ ($P < 0.05$) association between previous knowledge of mothers of yes group and pre-test knowledge score on malnutrition & its prevention.

CONCLUSION

In India about 2/3 portion of under five children of our country is malnourished among than 5.8% is severely malnourished whole rest fall in the group of mild or moderate malnutrition so it can be said that malnutrition is one of the most widely spread condition affecting child health. Hence a pre-experimental, study was carried out to check the Impact of Structured Educational Programme on Knowledge Regarding Malnutrition & Its Prevention among 400 Mothers of fewer than Five Children. Results of shows that pre-test level of knowledge regarding malnutrition & its prevention among mothers of under five children

who have participate in the study in which 263(65.8%) had Poor knowledge score, 119 (29.8%) had Average knowledge score, and 18 (4.5%)had Good knowledge score.

After the implementation of Structured Educational Programme, there is a significant increase level of knowledge of mothers of under five children regarding malnutrition &its prevention which is calculated by t-test. There was significant association between pre-test knowledge score of mothers and their demographic variable such as age of mothers, educational status, occupation, monthly income, type of family. Religion, type of diet, number of fewer than five children, immunization status of children, previous knowledge is not significant for malnutrition &its prevention.

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