



Enhance the capability of the mothers to look after the health and nutritional needs of child through proper nutrition and health education

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Abstract

The quality of human resource of any country is largely determined by the quality of its child development services. The children of today are the generation of tomorrow. To be sure, there has been an improvement in the state of the health of India's children, as reflected by modest reductions in infant and child mortality rates and declines in the incidence of "severe" malnutrition in children, in recent years. However, the vast bulk of India's children continue to be in a sub standard state of health and nutrition. These are the children who may 'survive', but will grow into the stunted adults of tomorrow with varying degrees of impairment of physical stamina and productivity.

Keywords: capability, nutritional need

Introduction

Nutrition is a cornerstone that affects and defines the health of all people the way for us to grow, develop, work, play, resist infection and aspire to realization of our fullest potential as individuals and societies makes conversely, malnutrition makes us all more vulnerable to disease and premature death. The problem of health and malnutrition are not only confined within the country future widely prevented in all and developing countries of the world, even in 2005, about 35 per cent of the global population has been suffering from malnutrition of various degrees, the vast majority of them are from the developing country. The disease profile and malnutrition jointly contribute 18 per cent of the total daily manpower loss of these countries. Health and nutrition plays the key role in the development process of the country in particular and the world in general.

Objectives

1. To assess health status of at risk children (6 – 36 months).
2. To study the level of awareness among the mothers of the children regarding weaning foods.
3. To enhance the capability of the mothers to look after the health and nutritional needs of the child through proper nutrition and health education.

Methodology

The study was conducted in Lucknow district. 100 children (6 – 36 months) were selected in Chinhat. The study was adopted three methods of nutrition assessment of the children.

1. Anthropometric measurement
2. Clinical method
3. Diet survey

Dependent and independent variables such as age, sex, religion, nutrition need etc. were used. The statistical tools such as 't' test and percentage were used.

Results

Table 1: Age of the subject (N=100)

S. No.	Age in months	Number of subjects	Per cent
1.	6 – 12	10	10.0
2.	13 – 18	15	15.0
3.	19 – 24	30	30.0
4.	25 – 30	25	25.0
5.	31 – 36	20	20.0

The children were widely distributed in the various age categories ranging from children of 6 months to children of 36 months of age. Highest percentage of samples was observed at the age of 19 – 30 months of age.

Table 2: RDAs of the children (N=100)

S. No.	Nutrition (per day)	Age group	
		6 – 12 months	1 – 3 years
1.	Mean energy (Kcal)	654	1000
2.	Mean protein (g)	7	14
3.	Mean fat (g)	10	18

The RDAs of the subjects were not sufficient in comparison to the RDAs of ICMR for infants and pre-school children. It was found that behind this the major reason was the unawareness among the mothers regarding nutritional requirements of their children.

Table 3: Preference of breast milk, weaning foods or both among children (N=100)

S. No.	Group	Number of subjects	Per cent
1.	Only breast milk	18	18.0
2.	Only weaning foods	27	27.0
3.	Both	55	55.0

Most of the children preferred breast feeding along with weaning. The percentage of breast feeding along with weaning foods was 55.0 per cent. 13.0 per cent children preferred only weaning foods.

Table 4: Eating habits of children (N=100)

S. No.	Preferences	Number of subjects	Per cent
1.	Fruit and juices	55	55.0
2.	Milk and milk products	25	25.0
3.	Spicy foods	45	45.0
4.	Inconsumable substances	38	38.0

Only 25.0 per cent children preferred milk and milk products. 55.0 per cent preferred to eat fruits and fruit juices but most of the parents were not able to afford fruits and fruit juices daily since they were below to the poverty line. 45.0 per cent children preferred spicy foods like waffers, namkeen and noodles etc. It was observed that their elder siblings whenever eat this type of foods they give that food to them just to taste. Beside this, 36.0 per cent children preferred to eat inconsumable foods like chalk, clay etc.

Table 5: Awareness regarding balanced diet among mothers (N=100)

S. No.	Knowledge of balanced diet	Number of subjects	Per cent
1.	Good	16	16.0
2.	Average	46	46.0
3.	Poor	38	38.0

Most of the mothers had the average knowledge about balanced diet of that area. The percentage of the mothers who had the average knowledge of balanced diet was 16.0 per cent and 46.0 per cent mothers had the good knowledge about balanced diet, nutritional requirements for their child, hygiene and sanitation practices etc. 38.0 per cent mothers had the poor knowledge about right practices of breast feeding and weaning.

Conclusion

Human milk is tailored to meet infant need for first 4 to 6 months of life. A vast body of research from all over the world sustains the recommendation that only breast milk be fed to infants for the first six months of life. The best food for the new born baby is mother's milk. Fortunately even the poorly nourished mother is able to nurse her child satisfactorily at least during the first few months of life. Weaning actually begins the first time the infant receives supplemental or solid nourishment. The time of introduction of solid foods is an individual matter, influenced by the maturity of the infant, its appetite, digestion and the absence of a tendency towards food allergies.

Recommendations

1. Emphasis on the right breastfeeding and weaning practices among the mothers at risk of children. The educational programmes can play a vital role in improving the nutritional status of infants and pre-school children.
2. Corrective action should be taken by the nutritionist in collaboration with the government to bring about the positive changes in the health status of these children.

References

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