

Mothers' Perception regarding Malnutrition in their Children

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ABSTRACT

Introduction: Nutrition in the early childhood days plays a significant role by balancing the holistic aspect of child, that is, physical, mental, social moral, and spiritual area. A healthy child is not only a desire of every mother but is also an asset to the country. Inadequate amounts of nutritional intake for longer periods can lead to irreversible damage to child's growth. However, little is known about perception of mothers to causes of malnutrition in their children. **Methods:** This qualitative study was undertaken in selected village of Haldwani block, Uttarakhand. Focused group discussions were conducted each being 30–45 min of duration among mothers of identified malnourished children (<3 years of age), who were purposely recruited in the study. The author played the role of facilitator and carried out the discussion with mothers with the help of open-ended questionnaire. Data were analyzed and report was created. **Results:** The mothers in the study reported that – irregularity in child's eating was the major cause affecting nutritional status. There were variety of other reasons identified which were: Craving for outside food in children, inability of mothers to practice exclusive breastfeeding, inadequate deworming, lack of child related guidance from community workers, and time was the major constraint for mothers. **Conclusion:** Perception of child nutrition in mothers and family greatly influences the community-based management. With prompt and focused efforts of – the health workers, the community workers, the family, and the government uncomplicated malnutrition can always be treated at home. Emphasis should always be on nutritional diet as per the requirement for different age group of children.

Keywords: Children, Community workers, Malnourishment, Perception
Asian Pac. J. Health Sci., (2022); DOI: 10.21276/apjhs.2022.9.4.18

INTRODUCTION

Optimal nutrition in the first 2 years of life is critical to a child's development.^[1] Initiation of exclusive breastfeeding is very essential to prevent under nutrition in children in the early childhood; moreover, starting complementary feeding at 6 months with continuation of breastfeeding will help to break the age old cross generational cycle of malnutrition.^[2] There are various factors prevailing for malnutrition in our country. The literature findings depict that insufficient quantities and inadequate quality of complementary foods, poor child-feeding practices, and heavy burden of infectious illnesses have adverse impact on child growth and development. Some other factors such as poverty, food scarcity, inadequate protein rich diet, poor personal hygiene, and negligence add to the burden of under nutrition in children in our country.^[3-6] Moreover, a quarter of women in India in the child bearing age are having body mass index below 18.5 kg/m. Thus, undernourished will give birth to a malnourished child, thereby perpetuating an intergenerational cycle of under nutrition.^[7] India is home to 46.6 million stunted children, a third of world's total as per Global Nutrition Report 2018. The report, further, stated that India has about 25.5 million children wasted and nearly half of all under-5 child mortality in India attributes to under nutrition.^[8] According to the global nutrition report 2020, India is among the 88 countries that are likely fail to achieve its global nutrition target 2025. The report also stated India as a country with highest rates of domestic inequalities. According to global malnutrition report 2020, In India about 37.9% of children U-5 years are stunted and 20.8% are wasted. Underweight has decreased from 66% to 58% for boys and 54.2–50% in girls.^[9]

Children who have poor nutrition during their first 1,000 days of life attain lower levels of education and have lower work capacity and productivity as adults. Moreover, these children have increase possibility of being overweight, suffering with mental health-related problems, and illnesses such as diabetes, cancer, and cardiovascular disease.^[10,11] Inadequacy in dealing

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How to cite this article: Haldar P, Viswanath L, Srivastava AK. Mothers' Perception regarding Malnutrition in their Children. *Asian Pac. J. Health Sci.*, 2022;9(4):87-90.

Source of support: Nil

Conflicts of interest: None.

Received: 12/02/2022 **Revised:** 19/03/2022 **Accepted:** 22/04/2022

with problem of malnutrition in our country India has led to dire concerns for child's development. Poor nutrition not only retards their growth physically but also increases their vulnerability to contract diseases in childhood and also in adulthood. It, further, effects their cognitive and motor development, limits their academic accomplishment, future efficiency, and eventually perpetuates poverty. Childhood malnutrition in India is mostly due to high level of exposure to infection and inappropriate infant and young child-feeding practice specifically during first 2–3 years of life.^[12] Every geographical area has its own set of factors which need to identified and addressed as per severity. The Garhwal Himalayas comprise roughly 50% of the state of Uttarakhand. The geographical terrain makes it more difficult for people to have access to basic health services which may be necessary for children. The climate and vegetation vary greatly with elevation, from glaciers at the highest elevations to tropical forests at the lowest elevations.^[13] The status of health system in Uttarakhand

is insufficient and the worst affected is village people in hilly areas. There are many health facilities in rural areas, but there is shortage of manpower. Although NRHM was launched to address this problem, but it has not been achieved.^[14] A study conducted by Saxena *et al.*, in 2014, revealed that village health nutrition day (tool launched by NRHM) lacked components such as adolescent health, growth monitoring, nutrition counseling, sanitation, communicable diseases, and health education. The only focus was on registration of pregnant women and immunization of children.^[15] Thus, it can be interpreted that the need core problem is usually overlooked or neglected. To overcome this problem of undernutrition in children specifically the children below 5 years, it is important to understand the causes for it from mothers' point of view. Lloyd stated that globally, mothers are charged with the task of feeding and providing care for their children, irrespective of the environment, or resources available to them.^[16] It also important to understand that interventions to improve nutritional health of child also depends on the behavior of the mothers.^[17]

This study, therefore, aims to understand in what way childhood malnutrition is perceived by mothers, how are they identified, what factors contribute to undernutrition and the treatment that is sought for children identified as unhealthy. These all were explored through discussion with the mothers and will also contribute to development of intervention which will empower the mothers and other family members, thereby influencing the health status of child. Thus, the present study was conducted with objectives to explore the perception of mothers regarding nutrition and malnutrition, its factors and management with view to develop a need-based intervention program.

METHODS

A qualitative study was conducted in selected rural villages of Haldwani block in Nainital district, Uttarakhand. Haldwani block is divided into urban, semi-urban, and rural areas. About four sub-centers were randomly selected and list of all the villages in the selected sub-center was collected. Door to door screening of children in the age group of (1–3) years was done for malnutrition. Malnutrition was assessed by checking of weight, height, and mid upper arm circumference and was interpreted based on the WHO classification of undernutrition of children. Mothers of the identified malnourished children were approached and those who agreed to participate in the focused group discussion were recruited. The sample size was determined through data saturation. Focused group discussions were conducted in two different villages and were conducted as per convenience of the mothers to extract the information from the mothers until saturation was achieved. The FGDs lasted for 30–45 min each. The purpose of the meeting was explained to the mothers and written consent was obtained before discussion. Ethical approval was obtained from the Institutional Ethics Committee of Swami Rama Himalayan University before the study. The information was retrieved through semi-structured questionnaire. The author played the role of facilitator and carried out the discussion with mothers with the help of open-ended questionnaire. The facilitator kept on probing the mothers so that they could share their experiences and relevant information could be extracted. The recording and notes were organized, rewritten, and transcribed verbatim in the Hindi language and further retranslated into English. Data were compiled, analyzed and a report was made.

Table 1: Frequency and percentage description of sample characteristics (n=16)

| Sample characteristics | Frequency | Percentage |
|--------------------------|-----------|------------|
| Age of Mother (in years) | | |
| <20 | 1 | 7 |
| 21–25 | 8 | 53 |
| 26–30 | 6 | 40 |
| Religion | | |
| Hindu | 15 | 100 |
| Number of children | | |
| 1 | 11 | 73 |
| 2 | 4 | 27 |
| Education of Mother | | |
| Illiterate | 2 | 13 |
| Literate | 13 | 87 |

RESULTS

Majority of the mothers were within the age of (21–25) years. Most of the participants had only one child (73%) and maximum mothers were literate (87%), as shown in Table 1.

The analysis of the FGDs was done and the five main themes were generated, that is, nutrition and significance, malnutrition and its cause, identification of malnutrition, problems in feeding and food selection, and health facility accessibility as mentioned below:

Theme 1: Nutrition and Malnutrition

All the mothers expressed that nutrition is important, especially for the growth of child and health. They said that nutrition provides “strength and helps in growth,” “one which helps our body to do all kinds of work,” “strengthens our bones,” “and increases height.” According to them, if a child is not given proper nutrition it may “deteriorate his/her health.” They also expressed that the food that gives “strength” and is “all of nutrients” is nutrition.

“The one which helps our body to do all kinds of work, strengthens our bones, increases height, different changed happen in body. “The one which has all nutritive ingredients in it.”

The mothers were having basic knowledge of nutrition and its importance but were unaware of important functions of nutrients they even expressed that, in television, they have heard about calcium, proteins, and vitamins, but what all they actually do they were not clear. The information that they provided was based on what they have heard and seen through television.

Regarding malnutrition they had a vague idea. They expressed that - malnutrition may lead to illness but “did not know how it leads to it” and “What exactly malnourishment is?”. They even said that they have heard that “every second child is malnourished” but were not clear about why and how they are malnourished.

“It is one form of weakness, child gets ill very frequently, children catch sickness very easily, I don't know exactly what it is malnutrition, but I've heard malnutrition happens.”

“I always think that one day I'll ask someone, poor nutrition might be in my child also, I've even heard that every second child is affected with Malnutrition. But don't know what exactly it is...”

The mothers were not clear with the about concept of malnutrition. They even perceived that child who is born weak at birth is usually develop malnutrition in them.

Theme 2: Causes of Malnutrition

Mothers stated that children who do not eat properly or are born ill at birth they stay weak throughout. Mothers' felt that only

exclusive breastfeed is not sufficient as the child grows as it may lead to weakness. They had general awareness but were not clear with the specific reasons behind under nutrition in children.

They even felt that food may not improve the nutritional status of the child who is weak by birth. Some other reasons mentioned by mothers were: Inadequate food intake during pregnancy by mothers, not giving breast milk to children leads to weakness in children. It was also stated that it is responsibility of mothers to feed the child.

Theme 3: Nutrition Related Practices

It was revealed by mothers that they try to breastfeed their children till 6 months and if feed does not come or they have to go to work (fields) that they prefer giving cow's milk or powder milk by bottle. Some even expressed, they feed until 4 months. Regarding weaning, it was shared that they start weaning by 4 months and they give daliya, khichri, lentil water, and dal water without spices. It was also reported by them that to improve digestion and prevent constipation, they give "*guttis and jadibuties*."

It was also expressed that their children skip their meals and they supplement it with milk only. Mothers expressed that it is difficult for them to feed their children proper food as their children preferred eating chowmein and maggi. It was also shared that nowadays children are more "*fond of maggis, noodles, and momos...*" They added that *giving complan or bournvita* in milk helps to meet the requirements.

Theme 4: Health Care Facility Accessibility

It was shared by them that they regularly receive rashan from Aganwadi they have registered. Weight measurements are done, but height measurements are not regularly done and neither it is documented in their ANC card.

Immunizations are regularly done in their registered Aganwadi and they are also reminded about their next due date. They also expressed that "*no body as such comes for home visits*" regularly, their only visit to the Aganwadi is the day when rashan is being distribution. It was also reported that this was because ASHA workers are overburden by work. When their child gets sick or stop eating then they directly go to the district hospital and consult doctor.

DISCUSSION

Findings of the discussion showed that mothers were not clear of a feeding in children and most of them lacked knowledge in food selection for their child. There are several programs on nutrition running in our country and government has been trying to make every effort to fight this problem of under nutrition in our country since many years. Although the factors related to malnutrition has been studied many times, it is varying from state to state not only due to geographical variations but also due to cultural and socioeconomic diversity.

The present study was conducted to explore the perception of mothers regarding malnutrition in their children. The findings of the present study suggest that mothers' had inadequate knowledge regarding under nutrition and its consequences on their children. The mothers knew the meaning of under nutrition and had poor awareness regarding ways to identify in their children. Most of them had fair concept of foods to be given to

enhance under nutrition in their children but were unaware of the components in food required to enhance nutritional status in their children.

In the community, community health workers are supposed to provide counseling to mothers for complementary feeds and also to identify high risk cases,^[17] but this is being seldom followed.^[18] Dongre *et al.* in their study at rural Wardha found that Anganwadi workers were giving poor emphasis on growth monitoring and examination of malnourished children and the duties such as record keeping, preschool education, and supplementary food distribution were time consuming which hindered them for giving time for nutrition education and monitoring of malnourished children.^[19] Studies have reported that the time, transportation, and geographical terrain are the problems faced by the ASHAs making them unable to complete the coverage of designated households.^[20-22]

Therefore, there is need to invest in creating community awareness about nutrition and to draw peer counselors from within the community.^[23] Moreover, the areas identified in the above discussed needs to be incorporated in the intervention and it should not only be mother who is to be taught, but the entire to be involved as in our culture though mother is the primary care giver, but her decisions regarding child care are also influenced by the elders in the family.

CONCLUSION

Malnutrition when identified in the early phase of childhood, that is, toddler phase should be followed up until the child reaches the age of 5 years. This will help to prevent the status of malnutrition in preschool age. The implementation of all the initiatives by government has to be enforced and focused on for achieving the prime target of eliminating malnutrition from our country. Mothers need to be educated about the importance of nutritious diet for children and the need for exclusive breastfeeding for first 6 months of the child should be emphasized through the grass root level workers. The ASHA and Aganwadi workers need to be provided with more resources and support, so they can reach out even to the extremes and provide their services. As the mother is not the only decision maker in the family for her child especially when it comes to rural setting, other family member like mother in law should also be involved while providing health education. It might be difficult to break the chain of age old cultural taboos and beliefs but only through constant motivation, home visiting, and education that it can be achieved.

ACKNOWLEDGMENT

The authors express their gratitude toward all study participants for their participation and valuable time.

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