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RESEARCH ARTICLE

A study to correlate the Feeding Practice of mother with Nutritional Status of their children at selected Rural Community, Kolar with a view to develop Information Booklet

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ABSTRACT:

The process of growth and development starts before the baby born i.e. from the conception in the mother's womb. Child's growth and development are rapid during the early months of life. So it is more important that babies need extra food along with breast milk at the right age and in sufficient amounts, to enable them to grow and stay healthy. Breast feeding is the best natural feeding and the breast milk is the best milk. The basic food of infant is mother's milk. Breast feeding is the most way to provide a baby with the caring environment and complete food. It meets the nutritional as well as emotional and psychological needs of the infants.

OBJECTIVES OF THE STUDY:

1. To assess the feeding practice of mother.
2. To assess the nutritional status of children.
3. To correlate the feeding practice of mothers with nutritional status of their children.
4. To find out the association between feeding practice with selected demographic variables of mothers.
5. To find out the association between nutritional status with selected demographic variables of children.
6. To develop information booklet.

METHODS: The conceptual framework for the study is based on health belief model by Becker's (1975), adapted from Rosenstochoch's (1974). The study is based on descriptive approach; non experimental design was used for the collection of the data. Pilot study was conducted 24.11.14 to 27.11.14 among 10 selected community of Kolar, to find out feasibility of study. The main study also was conducted, from 29.12.2014 to 15.1.2015 among 100 subjects who were selected by convenient sampling technique the collected data was analyzed and interpreted by using descriptive and inferential statistics. **RESULTS:** The overall mean percentage of feeding practice is 56.68% and nutritional status is 16.9% and there is moderate positive correlation between the feeding practice and nutritional status of infants. **CONCLUSION:** The present study was to correlate the feeding practices of mothers with nutritional status of their children in selected rural community at Kolar and concluded that there is moderate positive correlation between the feeding practice and nutritional status of infants.

KEYWORDS:

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KEYWORDS:

INTRODUCTION:

"Children are the assets of the world, in them lies the life's future"

-By Nightingale Times Nursing

Birth of a child in a family is a unique and important event in the life of a Mother. There is nothing which gives the mothers more happiness than a normal healthy child. To achieve this, the mothers should have knowledge on feeding with clarity, Balanced and sufficient nutritional intake is most essential for child to promote optimal Growth and Development, to protect and maintain health to prevent nutritional deficiency conditions and various illness and to reserve for starvation and dietary stress.¹ Breast milk is the natural food for babies, it provides all the energy and nutrients that the infant needs for the 1st months of life, and it continues to provide up to half or more of a child nutritional needs.²

Breast feeding is the best natural feeding and the breast milk is the best milk. The basic food of infant is mother's milk. Breast feeding is the most way to provide a baby with the caring environment and complete food. It meets the nutritional as well as emotional and psychological needs of the infants¹.

The WHO recommends exclusive breastfeeding for first six months which can be achieved by initiation of breastfeeding within the first half an hour of life, exclusively breastfeeding the infants only with breast milk and without any additional foods / drinks, not even water, breastfeeding on demand that is as often as the child wants, day and night, and number of usage of bottles, teats or pacifiers.²

NEED FOR THE STUDY:

The process of growth and development starts before the baby born i.e. from the conception in the mother's womb. Child's growth and development are rapid during the early months of life. So it is more important that babies need extra food along with breast milk at the right age and in sufficient amounts, to enable them to grow and stay healthy.⁴

Breast feeding is the best natural feeding and breast milk is best milk. The basic food of infant is mother's milk. Breast feeding is the most effective way to provide a baby with a caring environment and complete food. It meets the nutritional as well as emotional and psychological needs of the infant..²

Weaning is the process of withdrawal of the child from the breast milk to external food. Weaning period is a most crucial period, because if done early, the child gets infection and if done late, develops malnutrition. Complementary feeding should be started from 6 months onwards because mother's milk alone is not sufficient for the growth and development of the child.³

National Family Health Survey conducted in the year 1998-99 and 2005-06 showed that underweight children in state is 36.9%, urban is 26.4% and rural is 37%. As many as 36.8% of boys and 41.5% of girls showed stunted growth because their mothers did not feed them the first milk as against 30% of boys and 28.9% of girls who had it as infants. This alarming find is from a study conducted in the state. Children who are deprived of the first milk of mothers have higher chances of undernourishment, says the study 'Nutrition and Childhood Diseases in Karnataka'.⁵ The World Bank estimates that India is ranked 2nd in the world of the number of infants suffering from malnutrition, after Bangladesh, where 47% of the infants exhibit a degree of malnutrition.⁶

Government of India and International organizations recommends that, infant initiate breastfeeding within 1 hour of birth and be fed only breast milk for first 6 months of life. "No other foods or fluids should be added, not even water for 6 months. The government should look into initiatives such as educating the parents or grandparents about the benefits of breastfeeding prior to the birth of the baby."⁷

OBJECTIVES:

Statement of the problem:

"A study to correlate the feeding practice of mother with nutritional status of their children at selected rural community, Kolar with a view to develop information booklet."

Objective of the study:

1. To assess the feeding practice of mother.
2. To assess the nutritional status of children.
3. To correlate the feeding practice of mothers with nutritional status of their children.
4. To find out the association between feeding practice with selected demographic variables of mothers.
5. To find out the association between nutritional status with selected demographic variables of children.
6. To develop information booklet.

Hypothesis:

H₁: There will be significant association between feeding practice with selected demographic variables of mothers.

H₂: There will be significant association between nutritional status with selected demographic variables of children.

Conceptual framework:

H₃: There will be positive correlation between the feeding practices with nutritional status of their children.

Assumption:

1. There will be positive correlation between feeding practice of mother with nutritional status of their children.

Delimitations:

1. The study is limited to primi mothers of age group between 18-45 yrs.
2. The study is limited to primi mothers with children of age group between 4-8 months.

Operational definitions:

1. Correlate:

It refers to relationship between feeding practice of mothers with nutritional status of their children.

2. Feeding practice :

It refers to the pattern of feeding that are commonly practiced by mother includes breast feeding, feeding technique, number of feeds per day, weaning diet and quality and quantity of food stuff for their children.

3. Nutritional status:

It refers to assessment of selected nutritional parameters such as length, weight, head circumference and chest circumference of the children.

4. Children:

It refers to the individual whose age is 4-8 months which includes both male and female.

5. Mothers:

It refers to the primi mothers aged between 18-45 yrs and having children of 4-8 months.

6. Information booklet:

it refers to a concise and comprehensive, information material regarding Infant feeding practice.

Figure 1: Adapted from Rosenstochoch's (1974) Becker's (1975) Health Belief Model

REVIEW OF THE LITERATURE:

Review of literature related to the present study is organized under the following headings.

Section I: Studies related to prevalence of malnutrition in infants:

A community based cross sectional study was conducted on the trends in the prevalence of under nutrition, nutrient and food intake and predictors of under nutrition among under 5yr tribal children in India. Sample size was 14,587 children (0-5years). The result was prevalence of underweight and stunting had declined significantly over the periods (49% vs 57%, 51% vs 58%). The conclusion of the study is under nutrition is a significant health problem among tribal children and is associated with literacy status of mothers, household wealth index and morbidities. Therefore implementation of appropriate nutritional intervention strategies is needed.⁸

A cross-sectional study was conducted to evaluate risk factors in infant's malnutrition. Sample size was 63 (infants during 6months). The findings of the study was only 12 infants were breastfed for a 3 weeks, the rest 51 infants have been bottle-fed from birth. Complementary food was incorrect in 68,42% cases. With a proper diet the mean weight gain was 895, 68 g. The study concluded that positive correlation between these factors was found to be strong and risk factors like low socio-economic income, rural areas, low maternal educational level, diet errors and small infants with multiple previous diseases plays a important role in occurrence of malnutrition.⁹

Section II: Studies related to importance of breastfeeding, weaning diet and family diet.

A cross-sectional study was conducted to investigate mother's perception and practices about breastfeeding and their socio-demographic status in infants equal to or less than 6 months in semi urban community of Pakistan. Sample of 200 mother-infant were included in the study by doing convenient sampling technique. The results of the study were mothers who fed their infants exclusively for 6months was 54%. 35% of the mothers gave pre-lacteal feed, 14% of mothers discarded colostrums and 43% woke up their infant to feed if time had exceeded 2 hours. 92% of the females were aware of the advantages and 85% of females were aware of the disadvantages of breastfeeding. The study concluded that women were aware of the advantages and disadvantages of breast and bottle feeding but a disparity was observed between their perception and practices.¹⁰

Section III: Studies related to the knowledge of mothers on feeding practice.

A community-based cross-sectional study was conducted on 307 rural mothers who have child aged less than 2 years. Mothers were selected using systematic random sampling. The majority of the mothers had good knowledge about the advantages of breastfeeding for child. As regards weaning, 92.5% of the mothers defined weaning as breastfeeding cessation. 94.8% mothers agreed that breastfeeding protect child from infection, 96.1% agreed that it is the healthiest for infant. About 84% initiated breastfeeding immediately after delivery, and 42.7% of the studied mothers offered pre-lacteal feeds to baby before lactation. About 74.2% of mothers fed colostrum. Exclusive breast-feeding was found to be associated with mother's education ($P < 0.0001$).¹¹

Section IV: Studies related to the knowledge of mothers on nutritional status of infants.

A study was done on breastfeeding and weaning practices in relation to nutritional status of infants in Pune, India. Samples were 225 infants from Low Socio Economic class (150) and High Socio Economic class (75). The result of the study was most of the infants who were artificially fed in low socioeconomic status were malnourished and this was not so in high socioeconomic status infants. The proportion of malnourished children in the low socio economic class for partially breastfed group was comparable with exclusively breastfed group and was significantly lower ($p < 0.01$) than artificially fed group indicating protective effect of partial breastfeeding against risks of contamination associated with weaning foods in such communities. The study concluded that real problem was found to be lack of knowledge of handling and giving weaning foods in adequate quantities. The meaningful solution for improving the nutritional status of infants in poor communities was educating the mothers.¹²

Selection and development of the tool:

The data collection technique was structured interview schedule. It is considered to be the appropriate instrument to elicit the response both from literates and illiterates. Keeping this in mind structured interview schedule was selected and developed on feeding practices.

The tool was developed by the investigator based on the research problems, review of the related literature and with suggestions and guidance from the experts in the field of community health nursing, community medicine and pediatric nursing and the tool was translated into Kannada language by investigator with the help of language expert.

After an extensive review of literature, discussion with the guide and the various experts in the field of nursing and based on the investigator's personal experience the structured interview schedule on feeding practices was developed. The first draft of the tool consisted of 55 items, based on experts' opinion the tool was simplified and thus the second draft of the tool consisted of 50 items.

Description of Tool:

The tool consists of a structured interview schedule. It is divided into 3 sections, they are as follows

Section I:

Socio-demographic data of mother and child it is again divided into two parts

Part 1:

It consists of 9 items of mother related to socio-demographic data such as age, religion, education, occupation, type of work, family income, type of family, dietary pattern, sources of information of feeding practice.

Part 2:

It consists of 8 items of children related to socio-demographic data such as age in completed months, gender, birth weight, type of delivery, place of delivery, delivery conducted by, any birth injuries, and any birth defects.

Section 2:

It consists of 50 items on feeding practice of mothers on following headings

Exclusive breast feeding and its techniques	-21
Weaning	-15
Preparation and Serving of supplementary diet	-5
Problems of supplementary diet	-4
Monitoring the child for nutritional status	-5

Section 3:

It consists of nutritional status of the children, anthropometric measurements such as Present weight (kg) of the child, Length (cm) of the child, Head Circumference (cm) and Chest circumference (cm)

METHODOLOGY:

Figure 2: Schematic Representation of Research Design

Development of criterion check list:

A criteria check list for validation of the tool was developed

Section I:

Comprised demographic data of mother and child, which had very relevant, relevant, need modification, not relevant and remarks of experts.

Section II:

Comprised of checklist on feeding practices of mother which had very relevant, relevant, need modification, not relevant and remarks of experts.

Section III:

Comprised of nutritional status of the children which includes anthropometric measurements of child

Scoring of the items:

Scoring key is prepared for Section -I, by coding the demographic variables.

Section -II score '1' and '0' are awarded to correct and wrong response. Thus the maximum score is 50. To find out the feeding practice of mother, feeding practice was categorized into 3 groups.

Section -III Nutritional status of infants was categorized into 3 groups based on WHO classification of Body Mass Index.¹³

Content validity:

The developed structured interview schedule and information booklet were given to 12 experts, from the field of community health nursing, community medicine and pediatric nursing along with criteria rating scale for establishing the validity. Based on their suggestions and recommendations the structured interview schedule and information booklet are modified (such as simplification of some of the items). Thus final draft of the tool consists of 50 items.

Pilot study:

Pilot Study is a small scale version or trial run of the main study.⁵⁰ After obtaining formal permission from medical superintendent of ETCM hospital Kolar, pilot study was conducted at Doddhanalli rural community from 24.11.14 to 27.11.14 among 10 subjects selected by Convenient sampling technique. The investigator given self introduction explained the purpose of the study, subject's willingness to participate in the study was ascertained. The subjects are assured anonymity and confidentiality of the information provided by them and written informed consent was obtained. The pilot study findings showed that Mean percentage of feeding practice of mothers is 50.4% with SD of 4.5 and the Mean BMI is 16.44 with SD of 3.0. 100% Of mothers feeding practice was unsatisfactory. 70% of children have underweight and 30% of children have normal weight. The findings of pilot study revealed that the study is feasible.

Methods of data collection:

After obtaining the formal permission from the medical superintendent of ETCM hospital, Kolar. The main study was conducted from 29th of December 2014 to 20th of January 2015 among 100 subjects, the subjects was selected by convenient sampling technique. The investigator given self introduction explained the purpose of the study, subject's willingness to participate in the study was ascertained. The subjects are assured anonymity and confidentiality of information provided by them and written informed consent was obtained. Each subject was interviewed for to collect data from the tool. Time taken to interview each subjects was 20minutes.

The technique followed during the interview was as follows:

1. Subjects were made to feel comfortable and relaxed
2. A rapport was established
3. Purpose was explained
4. Consent was taken
5. Samples were interviewed to know the feeding practice of mothers and nutritional status of their children.

Plan for Data Analysis:

The data obtained was analyzed in terms of objectives of the study using descriptive and inferential statistics.

- Organized data in master sheet.
- Frequencies and percentage for the analysis of demographic data.
- Mean and standard deviation for the tool.
- Chi-square tests were used to determine the association between feeding practices and nutritional status with demographic variables.
- Pearson "r" correlation was used to determine correlation between feeding practices of mothers with nutritional status of infants.
- The findings were presented in tables and graphs.

Development of Information Booklet:

Information booklet was developed on the basis of research findings of the study, review of Literature and consulting with experts.

The steps followed to develop information booklet was as follows:

The steps adopted in the development of Information booklet were:

1. Preparation of first draft of information Booklet
2. Development of criteria checklist to evaluate the information Booklet
3. Content validity of information Booklet
4. Editing and translation of information Booklet
5. Preparation of final draft of information Booklet

RESULTS:

SECTION – I (A): DEMOGRAPHIC PROFILE OF MOTHERS

Table – 1: Distribution of mothers by their age N=100

1.	Age in years	Frequency	Percentage
a.	18-24 years	68	68.0
b.	25-31 years	30	30.0
c.	32-38 years	2	2.0
Total		100	100

Table – 2: Distribution of mothers by their Religion N=100

2.	Religion	Frequency	Percentage
a.	Hindu	100	100.0
b.	Muslim	0	0.0
c.	Christian	0	0.0
Total		100	100

Table – 3: Distribution of mothers according to their Education N=100

3.	Education	Frequency	Percentage
a.	Illiterate	4	4.0
b.	Primary education	10	10.0
c.	Secondary Education	22	22.0
d.	Higher Secondary Education	38	38.0
e.	Intermediate	18	18.0
f.	Graduate	8	8.0
Total		100	100

Table – 4: Distribution of mothers according to occupation N=100

4.	Occupation	Frequency	Percentage
a.	Home Maker	98	98.0
b.	Agriculture	2	2.0
Total		100	100

Table – 5: Distribution of mothers according to Type of work N=100

5.	Type of work	Frequency	Percentage
a.	Heavy	98	2.0
b.	Moderate	0	0.0
c.	Sedentary	2	98.0
Total		100	100

Table – 6: Distribution of mothers according to Family income N=100

6.	Family income	Frequency	Percentage
a.	Below Rs. 5000	26	26.0
b.	Rs. 5001-10000	48	48.0
c.	Rs. 10001-15000	18	18.0
d.	Rs. 15001-20000	6	6.0
e.	Above Rs. 20001	2	2.0
Total		100	100

Table – 7: Distribution of mothers according to Family type N = 100

7.	Family type	Frequency	Percentage
a.	Joint family	74	74.0
b.	Nuclear	22	22.0
c.	Extended	4	4.0
Total		100	100

Table – 8: Distribution of mothers by their dietary pattern N=100

8. Dietary pattern	Frequency	Percentage
a. Vegetarian	12	12.0
b. Mixed diet	88	88.0
Total	100	100

Table – 9: Distribution of mothers by their Source of information N=100

9. Source of information	Frequency	Percentage
a. Newspaper/Health Magazines	4	4.0
b. Family members /Relatives/Friends	56	56.0
c. Health personnel	40	40.0
Total	100	100

SECTION 1(B): DEMOGRAPHIC CHARACTERISTICS OF CHILDREN

Table – 10: Distribution of children according to their Age N=100

1. Age in months	Frequency	Percentage
a. 4 months	34	34.0
b. 5 Months	6	6.0
c. 6 Months	10	10.0
d. 7 Months	4	4.0
e. 8 Months	46	46.0
Total	100	100

Table – 11: Distribution of children according to Gender N=100

2. Gender	Frequency	Percentage
a. Male	62	62.0
b. Female	38	38.0
Total	100	100

Table – 12: Distribution of children according to birth weight N=100

3. Birth weight	Frequency	Percentage
a. <2.5kg	4	4.0
b. 2.5-3.5kg	74	74.0
c. >3.5kg	22	22.0
Total	100	100

Table – 13: Distribution of children according to Type of delivery N = 100

4. Type of delivery	Frequency	Percentage
a. Normal Vaginal Delivery	70	70.0
b. Cesarean Section	30	30.0
Total	100	100

Table – 14: Distribution of children by their place of delivery N=100

5. Place of delivery	Frequency	Percentage
a. Home	4	4.0
b. Hospital	96	96.0
Total	100	100.0

Table – 15: Distribution of children by the delivery conducted by N=100

6. Delivery conducted by	Frequency	Percentage
a. Doctor	96	96.0
b. Family Members	4	4.0
Total	100	100.0

Table – 16: Distribution of children according to the history of Birth injuries N=100

7. Birth injuries	Frequency	Percentage
a. Yes	0	0.0
b. No	100	100.0
Total	100	100.0

Table – 17: Distribution of children according to history of birth defects. N=100

8. Birth defects	Frequency	Percentage
a. Yes	0	0.0
b. No	100	100.0
Total	100	100.0

SECTION II: FEEDING PRACTICES OF MOTHER AND NUTRITIONAL STATUS OF CHILD

TABLE – 18: Feeding practices of primi mother N=100

Feeding practices	Frequency	Percent
a. Unsatisfactory	42	42.0
b. Moderately satisfactory	42	42.0
c. Satisfactory	16	16.0
Total	100	100.0

TABLE – 19: Nutritional status of child N=100

Nutritional status	Frequency	Percent
a. Underweight	74	74.0
b. Normal Weight	26	26.0
c. Overweight	0	0.0
d. Obese	0	0.0
Total	100	100.0

TABLE – 20: Mean, Mean percentage and standard deviation for the feeding practice scores of mothers

FEEDING PRACTICE	RANGE
Unsatisfactory	<50%
Moderately Satisfactory	50-75%
Satisfactory	>75%

TABLE – 21: Mean, Mean percentage and standard deviation for the nutritional status N=100

NUTRITIONAL STATUS	RANGE
Underweight	<18.5
Normal Weight	18.5-24.9
Overweight	25-29.9
Obese	>30

Fig 3: Mean percentage distribution of feeding practice scores of mothers.

Fig 4: Mean percentage distribution of nutritional status of a child.

SECTION III: CORRELATION BETWEEN THE FEEDING PRACTICES AND NUTRITIONAL STATUS

Table – 22: correlation between the feeding practices and nutritional status

Sl. No.	Variables	Mean	SD	Pearson's 'r' value	Inference
1	Feeding Practices	28.34	6.845	0.588	Moderate Positive Correlation
2	Nutritional status (BMI)	16.912	2.609		

SECTION IV: ASSOCIATION OF FEEDING PRACTICES AND NUTRITIONAL STATUS WITH DEMOGRAPHIC VARIABLES

Table – 23: Association of feeding practices with demographic variables

Variables	Below Median	Median and above	Chi square	Df	P value (0.05)	Inference
1. Age in years						
a. 18-24 years	36	32	5.417	2	0.067	NS
b. 25-31 years	10	20				
c. 32-38 years	2	0				
2. Religion						
a. Hindu	48	52	-	-	-	-
3. Education						
a. Illiterate	2	2	10.040	5	0.074	NS
b. Primary education	8	2				
c. Secondary Education	8	14				
d. Higher Secondary Education	22	16				
e. Intermediate	6	12				
f. Graduate	2	6				
4. Occupation						
a. Home Maker	48	50	1.884	1	0.170	NS
b. Agriculture	0	2				
5. Type of work						
a. Heavy	48	50	1.884	1	0.170	NS
b. Sedentary	0	2				
6. Family Income						
a. Below Rs. 5000	12	14	3.221	4	0.522	NS
b. Rs. 5001-10000	22	26				
c. Rs. 10001-15000	10	8				
d. Rs. 15001-20000	4	2				
e. Above Rs. 20001	0	2				
7. Family type						
a. Joint family	32	42	9.752	2	0.008	S
b. Nuclear	16	6				
c. Extended	0	4				
8. Dietary pattern						
a. Vegetarian	10	2	6.821	1	0.009	S
b. Mixed	38	50				
9. Source of information						
a. Newspaper/ Health Magazines	0	4	4.533	2	0.104	NS
b. Family members/Relatives/Friends	26	30				
c. Health personnel	22	18				

N= 100

Table 24: Association of nutritional status scores with demographic variables of children

Variables	Below Median	Median and above	Chi square	Df	P value (0.05)	Inference
1. Age in months						
a. 4 months	14	20	5.958	4	0.202	NS
b. 5 Months	4	2				
c. 6 Months	2	8				
d. 7 Months	2	2				
e. 8 Months	26	20				
2. Gender						
a. Male	34	28	3.057	1	0.080	NS
b. Female	14	24				
3. Birth weight						
a. <2.5kg	2	2	6.337	2	0.046	S
b. 2.5-3.5kg	40	34				
c. >3.5kg	6	16				
4. Type of delivery						
a. Normal Vaginal Delivery	42	28	13.462	1	0.000	S
b. Cesarean Section	6	24				
5. Place of Delivery						
a. Home	4	0	4.514	1	0.034	S
b. Hospital	44	52				
6. Conducted by						
a. Doctor	44	52	4.514	1	0.034	S
b. Family Members	4	0				
7. Birth Injuries						
a. No	48	52	-	-	-	-
8. Birth Defects						
a. No	48	52	-	-	-	-

DISCUSSION:

SECTION 1: DESCRIPTION OF DEMOGRAPHIC PROFILE OF MOTHERS AND THEIR CHILD

PART 1: DESCRIPTION OF DEMOGRAPHIC PROFILE OF MOTHER.

The distribution of mothers by their age majority 68% of mothers were in the age group of 18-24years, 30% were in the age group of 25-31years and 2% were in the age group of 32-38years. In relation to the religion majority 100% belongs to Hindu religion. As per the findings of study, majority 38% completed Higher Secondary Education, 22% completed Secondary Education, 18% completed Intermediate, 10% completed Primary Education, 8% were Graduates and 4% were Illiterates. In relation to occupation, majority 98% were home makers and 2% were agriculturer's. In relation to type of work majority 98% were sedentary workers and 2% were Heavy workers. Majority 48% participants family income was Rs.5001-10000/-, 26% had below Rs.5000/-, 18% had 10001-15000/-, 6% had 15001-20000/- and only 2% had above Rs.20001/- In relation to Family type majority 74% belongs to Joint family, 22% belongs to Nuclear family and only 4% belongs to Extended family. The distribution of mothers according to dietary pattern, majority 88% were Mixed and 12% were Vegetarian. Majority 56% had information from Family members/Relatives/Friends, 40% had information from Health Personnel and only 4% had information from Newspaper/Health Magazines.

PART 2: DESCRIPTION OF DEMOGRAPHIC PROFILE OF CHILDREN:

As per the findings of the study, majority 46% of children were in 8months, 34% were in 4months, 10% were in 6months, 6% were in 5months and 4% were in 7months of age. In relation to gender, majority 62% of children were males and only 38% of children were females. In relation to Birth Weight majority 74% of children had 2.5-3.5kgs, 22% of children had >3.5kgs and only 4% of children had <2.5kgs. Majority 70% were Normal Vaginal Delivery and 30% were Cesarean section. In relation to place of delivery majority 96% were hospital delivery and 4% were home delivery. Majority 96% of delivery was conducted by doctors and only 4% were conducted by family members. In relation to birth injuries majority 100% of children had no birth injuries. Majority 100% of children had no birth defects.

SECTION 2: FEEDING PRACTICES OF MOTHER AND NUTRITIONAL STATUS OF CHILD

Feeding practices of mother:

The present study confirms that majority 42% of feeding practices of mother was Unsatisfactory and moderately satisfactory respectively and only 16% of feeding practice of mother was Satisfactory.

Nutritional status of child:

The present study confirms that majority 74% of children had Underweight and only 26% of children had Normal Weight.

Description of mean, mean percentage and standard deviation for the feeding practice scores of mothers: It is evident that the maximum mean percentage obtained by the subjects found in the aspects of Monitoring the child for nutritional status (80.0%) followed by Exclusive breast feeding and its techniques (65.80%) followed by Preparation and Serving of Supplementary diet (55.8%) followed by Weaning (42.6%) and least feeding practice was found in the aspect of Problems of Supplementary diet (40.5%). The overall feeding practices were found to be 56.68% with Standard Deviation 6.84.

Description of Mean, Mean percentage and standard deviation for the nutritional status:

It is evident that the Mean percentage obtained by the subjects in the aspect of length(62.02%) Chest Circumference (43.60%) Head Circumference (42.24%) and least found in the aspect of weight (6.55%). Mean BMI is 16.91 with SD of 2.60

SECTION 3: CORRELATION BETWEEN THE FEEDING PRACTICES AND NUTRITIONAL STATUS

Correlation between the feeding practices and nutritional status: It is evident that there is moderate positive correlation between the feeding practice of mothers and nutritional status of children. Hence, the hypothesis is accepted and the research hypothesis (H_3) which indicates that there will be positive correlation between the feeding practices with nutritional status of their children is accepted. It shows that when there is correlation between feeding practices of mother with nutritional status of child and vice versa..¹⁴

SECTION 4: ASSOCIATION OF FEEDING PRACTICES AND NUTRITIONAL STATUS WITH DEMOGRAPHIC VARIABLES

Association of feeding practices with demographic variables:

It is evident that the obtained χ^2 value is greater than the table value at 0.05 levels of significance. Therefore there is significant association between Family Type and Dietary Pattern of mothers with feeding practices of mother.

Association of nutritional status scores with demographic variables of children:

It is evident that the obtained χ^2 value is greater than the table value at 0.05 levels of significance. Therefore there is significant association between Birth Weight, Type of Delivery, Place of Delivery and Delivery Conducted By with nutritional status of children.

RECOMMENDATIONS:

On the basis of the findings of the study the following recommendations have been made:

- A similar study can be replicated on larger sample to generalize the findings.
- An experimental study can be undertaken with a control group for effective comparison of the results.
- The study can be conducted by including additional demographic variables.
- A similar study can be recommended by using different method of teaching.

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