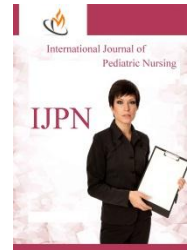




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PROTEIN ENERGY MALNUTRITION AND ITS PREVENTION AMONG MOTHERS OF TODDLERS

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ABSTRACT

A country needs a well nourished population of children, in order to have a healthy and productive labor force in future. Nutritional status of a child today reflects a healthy and productive generation in future. In the long run, it leads to an increase in the strength in the labor force and thereby it contributes for the economic growth. Thus good nutrition is essential for healthy thriving individuals, families and nation. Present study is to A Study to assess the effectiveness of self instructional module regarding protein energy malnutrition and its prevention among mothers of toddler in selected rural areas at Udaipur". an evaluative approach with pre experimental one group pre test-post test design was adopted for the study. Sample for the present study is 120 Mothers of Toddler, Non probability purposive sampling technique was used. The study revealed that there is a need to aware mothers of toddler regarding protein energy malnutrition and its prevention.

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. This is particularly true of developing countries where the population growth is not controlled and resources are poor. The United Nation International Child Emergency Fund in 2010 reported that 150 million children are malnourished worldwide; millions of Indian children are equally deprived of their rights to survival, health, nutrition, education and safe drinking water. It is reported that 63 % of them go to bed hungry, 53% suffer from malnutrition.²

Malnutrition continues to be a major health problem in world today, particularly in children under five years of age. Lack of food; however is not always the

primary cause for malnutrition. In many developing and underdeveloped nations, diarrhea is a major factor in malnutrition. Additional factors are bottle- feeding (in poor sanitary conditions) inadequate knowledge of proper child care practices, parental illiteracy, economic and political factors and simply the lack of food. The most extreme forms of malnutrition or protein energy malnutrition are kwashiorkor and marasmus. Where the main reason for protein energy malnutrition is inadequate food.³

STATEMENT OF PROBLEM

"A Study to assess the effectiveness of self instructional module regarding protein energy malnutrition and its prevention among mothers of toddler in selected rural areas at Udaipur

OBJECTIVES OF THE STUDY

1. To assess the pretest knowledge score of mothers of toddler regarding protein energy malnutrition and its prevention.

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Research Article



2. To administer self instructional module regarding protein energy malnutrition and its prevention.
3. To assess the posttest knowledge score of mothers of toddlers regarding protein energy malnutrition and its prevention.
4. To assess the effectiveness of self instructional module regarding protein energy malnutrition and its prevention.
5. To find out the association between pre test knowledge score of mothers of toddlers regarding protein energy malnutrition and its prevention with selected demographic variables

MATERIALS & METHODS

1. This study was conducted in selected rural area at Udaipur city, Rajasthan in India among 120 mothers of toddler. This study adopted one group pre test, post test research design. The data was collected by questionnaire through interview using purposive sampling technique. The data included socio demographic information of respondents & knowledge regarding protein energy malnutrition and its prevention.
2. Informed consent was taken from samples before study. To assess the effectiveness of self instructional module regarding protein energy malnutrition and its prevention among mothers of toddler, the data was analysed by using both descriptive & inferential statistics(chi-square).

RESULTS

Table 1 shows that in the pre test most of the respondents had no adequate knowledge on protein energy malnutrition and its prevention, 30 % respondents had moderately adequate knowledge & 70 % respondents had inadequate knowledge.

After giving the self instructional module, in the post test most of the respondents gain adequate knowledge on protein energy malnutrition and its

prevention, that was 56.7 % whereas 38.3 % respondents had moderately adequate knowledge & 5.0 % respondents had inadequate knowledge on protein energy malnutrition and its prevention.

Table 2 showed that the mean post test knowledge score is 27.2 (73.64 %) is greater than the mean pre test knowledge score 16.6 (45.05 %).. The data further represent that the 't' value of 25.7 is significantly higher than the table value 1.96 at 0.05 level of significance. This indicates that there was difference in pre test and post test knowledge score of respondents and the self instructional module is effective in improving the knowledge score of postnatal mother regarding application of breast milk to promote healing of sore nipple. Hypothesis was tested at 0.05 levels. The calculated 't' value 25.7 is significantly higher than the table value 1.96 at 0.05 level of significance. This indicates that there is significant difference between the pre test and post test knowledge score hence the hypothesis is accepted.

There is a significant association between knowledge of mothers of toddler and demographic variables such as age in years ($\chi^2=15.7^*$ $P>0.05$), Education status ($\chi^2=19.13^*$ $P>0.05$), Occupation ($\chi^2=14.82^*$), Family Type ($\chi^2=13.12^*$), Family Income ($\chi^2=16.15^*$), Term at birth ($\chi^2=18.52^*$ $P>0.05$), Birth weight ($\chi^2=8.71^*$ $P>0.05$), Birth order ($\chi^2=9.60^*$ $P>0.05$), Interval between each child ($\chi^2=8.18^*$ $P>0.05$), Last child Birth ($\chi^2=7.20^*$ $P>0.05$) and Registered at under-five clinic ($\chi^2=2.96^*$ $P>0.05$)

There is no significant association between knowledge of mothers of toddler and demographic variables such as Type of food ($\chi^2=0.10$) for above demographic variable the table value is lesser than the calculated value ($p<0.05$ level).

Table 1. Distribution of Pre test & Post test knowledge scores among mothers of toddler

n=120

Level of knowledge	Criteria	Pre test	Post test
a. Inadequate knowledge	< 50%	70.0	5.0
b. Moderate adequate knowledge	>50-75%	30.0	38.3
c. Adequate knowledge	>75%	0	56.7

Table 2. Effectiveness of self-instructional module to mother of toddler regarding protein energy malnutrition and its prevention, pre test knowledge score and post test knowledge score .

n= 120

Assessment	Mean	Mean%	SD	Enhancement	Enhancement %	Df	t value	Inference
Pre test	16.6	45.05	3.04	10.58	28.59	119	25.7	S
Post test	27.2	73.64	4.85					

S = Significant



CONCLUSION

The following conclusions were drawn from the findings of the study-

The mean percentage of the overall pre test knowledge score is 16.6 (45.05 %) SD of 3.04 which shows that the respondents had inadequate knowledge about Protein energy malnutrition and its prevention.

The mean percentage of overall post test knowledge score obtained by the respondents after giving Self instructional module was 27.2 (73.6 %) SD of 4.85 which shows that the respondents gain the knowledge about Protein energy malnutrition and its prevention.

The data further represent that the 't' value of 25.7 is significantly higher than the table value 1.96 at

0.05 level of significance. This indicates that there was significant difference in pre test and post test knowledge score of respondents and the self instructional module is effective in improving the knowledge level of Protein energy malnutrition and its prevention.

CONFLICT OF INTEREST:

My study had no conflict of interests.

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