

# MATERNAL KNOWLEDGE AND PRACTICE REGARDING CHILD MALNUTRITION IN RURAL ODISHA

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**ABSTRACT:** Child malnutrition is common in most areas of the developing world. Malnutrition can be simply defined as imperfect or faulty nutrition. Whenever there is an imbalance between body needs for certain nutrient and their intake, malnutrition could said to have occurred. Nutritional status of children is a manifestation of various factors including household access to food, the distribution of this food within the household, availability and utilization of health services, and the care provided to the child. The major cause of malnutrition has always been connected with ignorance. Maternal knowledge and practice regularly emerges as a key element to reduce malnutrition. Odisha is one of the major states of India where the proportion of women constitutes more than half of the state's population, i.e. 51%. It is a state where there is wide prevalence of poverty and malnutrition. This paper attempts to study the maternal knowledge and practice regarding child malnutrition in rural areas of Odisha. The study is conducted at Kukudakhandi Block in the Ganjam District of Odisha.

## 1. INTRODUCTION

The poor complementary feeding practices mean that many children continue to be vulnerable to irreversible outcomes of stunting, poor cognitive development, and significantly increased risk of infectious diseases, such as diarrhoea and acute respiratory infection. All these are associated with childhood malnutrition. To reduce child malnutrition proper attention should be given specifically from pregnancy to early childhood, as these periods play important role in the physical and cognitive development of a child. The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life with early initiation and continuation of breastfeeding for two years or more together with nutritionally-adequate, safe, age-appropriate complementary feeding starting at six months. For these things the knowledge of mothers are very essential. The present study attempts to know about the knowledge and practices of mothers of rural areas regarding child malnutrition.

## 2. RELATED LITERATURE REVIEW

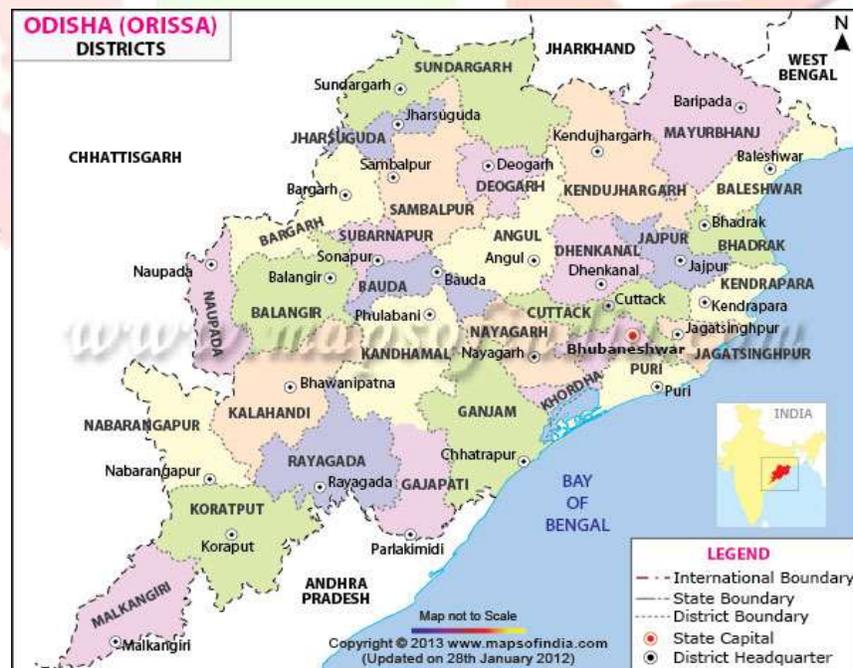
Mere economic development or even the adequacy of food at household levels is no guarantee for a stable and satisfactory nutritional status (NIPCCD 1994). At the same time nutrition has to be tackled independently along with other developmental issues like education of the people. Majority of the people are not aware of the concept of balanced diet and significance of health and hygiene. Across the developing world women play key roles in caring for children on a day-to-day basis, which is extremely important factor influencing a child's nutritional status. Since child-birth and breast-feeding can only be carried out by women, they are naturally the

primary caregivers at the beginning of a child's life. And women are most often responsible to support their children's physical, cognitive and social development. Given these key roles, women's knowledge and abilities and their own physical well-being and decision-making power are crucial to children's nutrition.

It is not surprising, that women's knowledge and education are strongly associated with child malnutrition in developing countries. If a mother knows that consumption of protein rich foods will reduce malnutrition, she would certainly include it in her own during pregnancy and lactation and her children's diet afterwards. It doesn't matter to which economic standard she belongs to. These foods can be obtained through locally available foods too. Inclusion of groundnuts which is cheap, nutritive and easily available would prove to be a good source of protein (Sharma 1979). In some studies it has been found that many mothers are ignorant about the right age of weaning the child, how to supplement his diet and proper way of cooking foods. It is because of the ignorance that the available resources are improperly used. A mother's illiteracy and lack of schooling directly disadvantages her young children through poor quality of health care and high infant and child mortality and malnutrition. Mothers with better education are more likely to adopt appropriate health promoting behaviour such as immunisation of young children. Low investment in female education thus tends to reduce a country's overall output.

## 2.1 Odisha State at a Glance:

The state is ranked at eleventh position in terms of Population in India. Total Number of Male Sex Ratio in the state has increased to 978 females per 1000 males. As per the 2011 census, out of a total population of 36.71 million, 20,053,785 persons (54.63 per cent) are literate in the state. Of this, 12,118,256 (33.01 per cent of total population) are males and 7,935,529 (21.62 per cent of total) are females. The highest number of literates is found in Ganjam district. The National Family Health Survey 1 & 2 (NFHS 1& 2) shows that apart from low BMI and nutritional deficiency of women, the incidence of malnutrition is very high among both male and female children in Odisha.



## 2.2 Ganjam District: An Overview

There are 30 districts in Odisha. Ganjam district is one of the South East located districts in Odisha. spreading over the geographical area of 8070.60 square km. in Odisha. Sex ratio(females per 1000 males) works out to be

998 considering the total population of each sex and that for population of 0-6 years it is 939 indicating relatively higher deficit of females at younger ages. The district has 16.3 lakh literates of which 10 lakh are males and 6.2 lakh are females. The total literacy rate works out to be 51.63 percent, the male literacy rate being 61.63 percent and female rate 38.62 indicating substantial gender gap in literacy.



### 2.3 About Kukudakhandi Block of Ganjam District

**Kukudakhandi** popularly known as **KKD** is one of the significant town in the Kukudakhandi Tehsil of Ganjam district in the Indian State of Odisha. The village is 31.2 km from its district main sub-division Chatrapur and is 149 km from its State capital Bhubaneswar. KKD is more often considered as a part of the city Berhampur.

### 2.4 The Problem of Malnutrition Associated with Improper Feeding Practices

Early initiation of breastfeeding, exclusive breastfeeding for six months, and timely introduction of age-appropriate complementary feeding are the key interventions to reduce child malnutrition. High prevalence of malnutrition among young children is also due to lack of awareness and knowledge regarding their food requirements during pregnancy and early childhood.

Feeding practices play a pivotal role in determining the nutritional status, morbidity and survival of children, particularly in the neonatal period and infancy. Proper infant feeding, starting from the time of birth is important for the physical and mental development of the child. The timing and type of supplementary foods introduced in an infant's diet also have significant effects on the child's nutritional status.

Recommendations state that breastfeeding should begin immediately after childbirth and infants should be exclusively breastfed for the first six months of life. After six months, adequate and appropriate complementary

foods should be added to the infant's diet in order to provide sufficient nutrients for optimal growth. It is recommended that breastfeeding should continue along with complementary foods, through the second year of life or beyond.

Malnutrition is a public health problem throughout the state of Odisha. In fact, malnutrition remains a factor in about 60% of all the people belonging to the Ganjam district, as most of the people belong to lower socio-economic status. As Kukudakhandi block is one of the blocks consisting of high population it is taken into account for studying the topic.

### 3. METHOD OF RESEARCH

#### 3.1 Population and Sample

The study is conducted in the Kukudakhandi blocks taking into account 50 samples from the block, to know about their knowledge and practice regarding child malnutrition. The population is selected randomly from villages of these blocks including all the income group of low, middle and high, without any specific consideration of age, caste, creed or educational qualification. The population covered only women respondents.

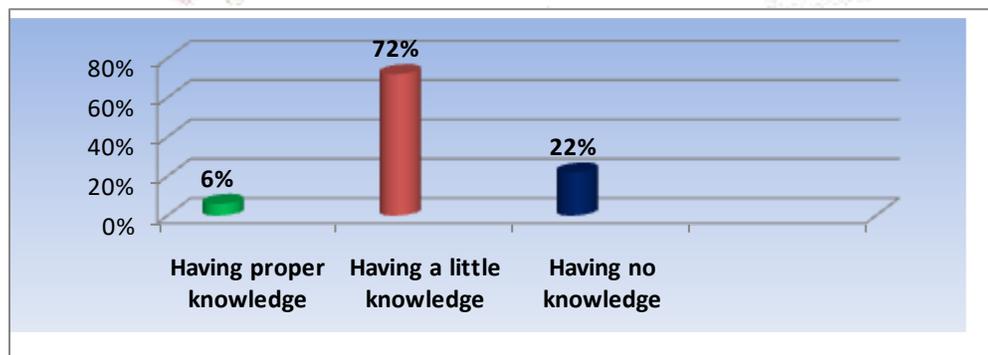
#### 3.2 Tools of Data Collection

Interview and discussion methods are used for collection of Primary data from the samples. Reference has been made to secondary data for studying past trend. The questionnaire schedule for interview consists of both open-ended and close-ended question regarding the knowledge and practices of mothers during pregnancy and in early childhood

#### 3.3 Findings

##### 3.2.1 Knowledge about the impact of malnutrition during pregnancy on the child's development

Analysis of the answers from the interview and discussion shows the results that, only 6% of the mothers know that, malnutrition during the pregnancy is a cause for low weight baby and it will affect the total development of child. 72% of the respondent mothers know a little about this impact. About 22% of the respondents do not know at all about the impact of malnutrition during pregnancy.



##### 3.2.2 Knowledge of initial breast feeding practices

Although breastfeeding was universal, only 16% of the respondents' children were put to the breast within one hour of birth. 10% of the respondents say that the neonates were breast fed after 5 hours of delivery. 34% of respondent mothers said that they fed their babies after completion of 12 hours of delivery. About 12% of the

respondents' neonates were breastfed after 24 hours of delivery. 28% mothers said that they had breastfed their babies after three days of delivery as per the advice of traditional knowledge of grandmothers. The major types of pre-lacteal feeds were sweetened water, cow's milk, goat's milk, and honey.

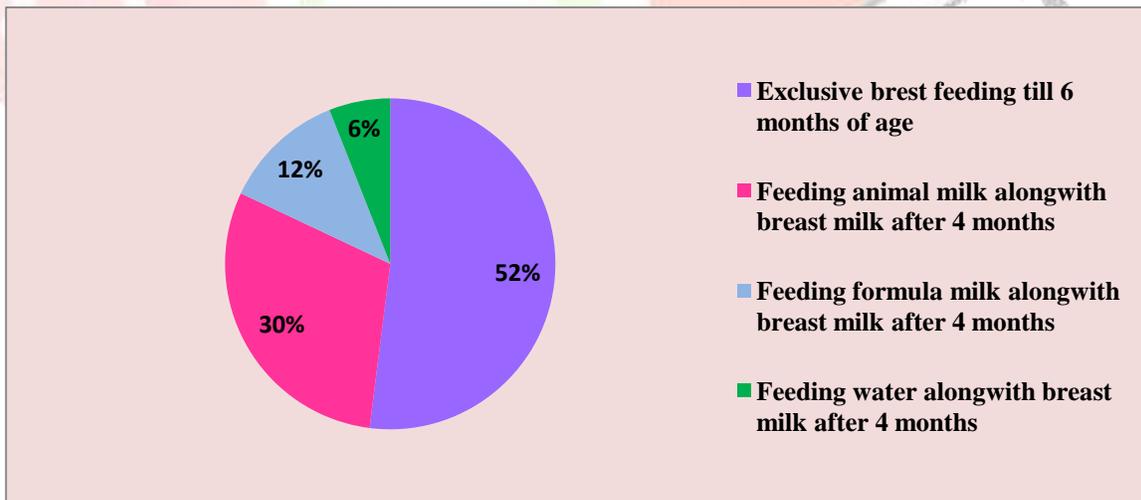


*Practice of initial breast feeding*

The reasons behind the delay in breastfeeding after delivery is found that, 55% of mothers follow up this as a traditional practice. 32% says that the first yellow milk is not good for the child. 13% answers that; milk will not be produced till some hours of delivery.

### 3.2.3 Exclusive breastfeeding practices

Only 52% of the respondents' infants aged less than six months were exclusively breastfed. Babies of 30% respondents were fed by animal milk after completion of four months of age. 12% respondents' infants were fed both breast milk and formula milk after completion of three months. 6% of respondents give their children water along with breastfeeding.

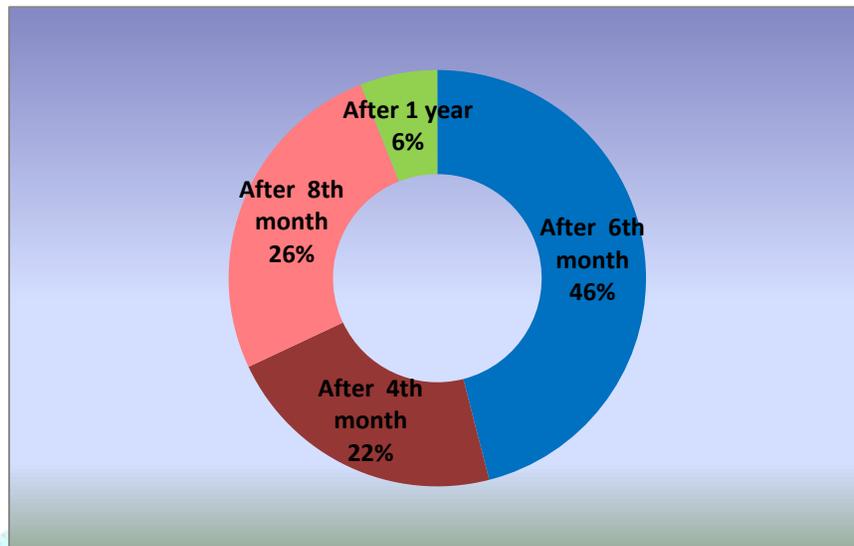


*Exclusive breastfeeding practices*

### 3.2.4 Introduction of Supplementary Food

Only 46% of respondent mothers know that supplementary food along with breast feeding is necessary for the baby after completion of 6 months of age. 22% says that, supplementary food for the baby is necessary after 4 months of age as it will help the baby to be fatty. 26% answers that supplementary food were provided at the

completion of 8<sup>th</sup> month i.e., after Annaprasanna (the traditional ceremony of feeding rice to the baby - first time). 6% of mothers said that, supplementary food should be given after completion of one year of age.



*Knowledge about introduction of Supplementary Food*

#### 4. DISCUSSION

From the study it is being found that, very small no. of mothers in rural area knows about the relationship of child malnutrition with the malnutrition during pregnancy. Very small group knows about the importance of colostrums for the importance and hence breast feed within one hour of delivery. They follow up the wrong practice of lactic feeds as sweetened water, cow's milk, goat's milk, and honey. There is much prevalence of traditional practice rather than the necessity. The proportion of respondents' knowledge about the requirement for exclusive breastfeeding to the baby till six months of age is very small. Less than half of the samples practiced the introduction of supplementary food along with breast milk at a correct age i.e., after completion of six months.

#### 5. CONCLUSION

As the early introduction of breastfeeding, exclusive breastfeeding for six months, and timely introduction of supplementary feeding are the key factors to reduce child malnutrition, the knowledge and practice of mothers play a vital role in this regard. There is the lack of awareness and knowledge regarding the dietary requirements during pregnancy and infancy and its relation to child malnutrition. The prevalent traditional practice of giving water along with breast milk may create a cause for infection to the infants which indirectly related to growth retardation and malnutrition. Due to lack of knowledge and practice regarding exclusive breast feeding for six months of age, there seems the risk of lack of immunity power related with the frequent illness, acute infection and malnutrition. The introduction of supplementary food at a later age also causes child malnutrition at a later stage, as the infants can't get adequate nutrition according to their growing needs. Thus, there is strong impact of maternal knowledge and practice on child malnutrition.

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