AMERICAN RESEARCH JOURNALS
An Academic Publishing House

Research Article   **Open Access**

Factors that Contribute to Prevalence of Malnutrition among Children Between 0-5years in Mbutu, Aboh Mbaise, Imo State

Ezejindu C. N*, Nwosu U.M.

Department of Public Health, Faculty of Health Sciences (Clinical Medicine) College of Medical and Health Sciences, Abia State University, Uturu, Abia State, Nigeria.
ezejinducosmas@gmail.com

Abstract

The research work is on factors contributing to the prevalence of malnutrition among children 0-5 years in Mbutu Mbaise. The researcher started by introducing the topic, stating the problems clearly in a concise manner, purpose of the study were outlined which is what the researcher hoped to achieve at the end of the study and research questions drawn.

Methodology: The methodology used include area of study, simple random sampling to select 10% of the target population. A descriptive design used for the data collection is questionnaire and review of related literature materials. Data was collected and analysed.

Result: It was observed that factors contributing to the prevalence of malnutrition include large family size, low parental income and educational background. The study revealed that effect on child include; poor school performance, risk for infection or disease, poor growth and development. The prevalent rate of malnutrition can be reduced to its minimum by encourage couples on family planning, eliminating food taboos, government subsiding food items.Implications for public health include health educating mothers about child's feeding, importance of treating underlying disease and immunizing their children.

Conclusion: Malnutrition is a deadly disease that has drastic effects in health of child and as such the society should not overlook it. Recommendations made are to improve the nutritional status of children and reduce contributing factors to malnutrition ,suggestions for further studies includes how to improve child's nutrition, parents attitude towards their malnourished child.

INTRODUCTION

Malnutrition is a condition that results from eating a diet in which nutrients are either not enough or are too much such that the diet causes health problems. It may involve calories, protein, carbohydrates, vitamins or minerals. Not enough nutrients are called under nutrition or undernourishment while too much is called over nutrition (Bhutta*et al.,* 2008). Malnutrition is often used to specifically refer to under nutrition where an individual is not getting enough calories, protein, or micronutrients. If under nutrition occurs during pregnancy, or before two years of age, it may result in permanent problems with physical and mental development. Extreme undernourishment, known as starvation, may have symptoms that include: a short height, thin body, very poor energy levels, and swollen legs and abdomen. People also often get infections and are frequently cold. The symptoms of micronutrient deficiencies depend on the micronutrient that is lacking Kenton, (2014).

Malnutrition is consequently described as an underlying factor of many diseases on children and has contributed greatly on the disability, adjusted life years in the world affecting physical growth, morbidity, mortality, cognitive development, reproduction and physical work capacity. It is particularly prevalent in developing countries

where it affects one out of every (3) three pre-school children (UNICEF, 2008). A malnourished child is one whose weight and height measurements do not compare very well with the standard normal distribution of heights and weights of healthy children of the same age and sex and also manifested as stunting, underweight and wasting (Shinta,2009).

A factor that contributes to the prevalence of malnutrition in children varies and is many. The primary determinants of malnutrition, as conceptualized by several authors related to unsatisfactory food intake, severe and repeated infections, or a combination of the two (Manary*et al.*, 2013).

The interaction of these conditions with the nutritional status and overall health of the child and by the extension of populations in which the child is raised have been shown in the UNICEF conceptual frame work of child survival which sees malnutrition as factors that impair access to food, maternal and child care, and health care. It is the very factors that impact the growth of children.

According to UNICEF (2008) and WHO (2004) findings ,a negative relationship between the number of under five children in the family, family income, maternal education, and the nutritional status of children exist in this population that contributes to malnutrition.

Recently, in Mbutu Mbaise, many children especially between the ages 0 – 5years presents with symptoms of malnutrition like retarded growth, weight loss, anorexia, etc. Due to this changes that occurred in the children based on 2008 data of Mbutu Mbaise Health Centre, the researcher on this ground wishes to identify the factors that contributes to the prevalence of malnutrition in this community and with the view of bringing in changes that will eliminate totally or reduce the identified factors thereby helping children and parents to live happily.

Methodology

Research Design

In studying factors contributing to the prevalence of malnutrition among children 0-5 years in Mbutu Mbaise, the researcher adapted a descriptive survey which is a non-experimental research.

Area of Study

The area of this research is Mbutu, Aboh Mbaise local government area in Imo State.

Population of Study

The target population is the children 0-5years that are living in the village. The children were selected from the nine villages that make up the community based on age, family size, parental status and occupation.

Instrument for Data Collection

The researcher used a questionnaire method of data collection so as to get relevant information.

Validation of Test Instrument

The validation of an instrument is the ability of the instrument to measure what it is supposed to measure. In this research, the instrument that was used in the frame was given to the supervisor for face to face and content validity.

Reliability of the Test Instrument

In testing for reliability, it is a term used, when an instrument gives content result even when used more than once in same unit. It is therefore the stability, consistency and dependability of a measuring tool. For the

reliability of the test instrument, 10 children of 5years old from Mbutu Health centre were presented with questionnaire, then the same instrument were given by hand to the remaining target children and the data collected was compared with the pre-test.

Method of Data Collection

The questionnaire that the researcher used for this study consists of structured and unstructured questions, which was given to the target population and was collected after they have responded to the questionnaire. The respondents were given viable time to study and give realistic answers to the questions.

Method of Data Analysis

The data collected was organized and compiled before analysing. It was analysed using a simple table.

Ethical Consideration

The researcher strongly abides to the codes that guides conducting a research and rendered the respondents anonymous. The information collected was kept confidential.

RESULTS

Table 1 Shows that 92% of the population have heard about malnutrition while 8% have not heard about it.

Table1. *Knowledge of respondents on malnutrition*

Response	Respondent	Percentage
Yes	110	92%
No	10	8%
Total	120	100%

Table 2 shows that 67% of children with malnutrition have all the listed clinical manifestation, 17% of the respondents said decrease height and weight for age,8% poor skin texture and 8% also said physical deformity. Any child that is malnourished has one or all of the clinical manifestations.

Table2. *Responds on clinical signs of malnourished child*

Responses	Respondent	Percentage
Decreased height and weight adequate for age	20	17%
Poor skin texture	10	8%
Physical deformity	10	8%
All of the above	120	100%

Table 3 shows that 58% of the respondents children are malnourished and 42% of the remaining respondent's children are not malnourished.

Table3. *Responds on malnourished Children*

Responses	Respondent	Percentage
Yes	70	58%
No	50	42%
Total	**120**	**100%**

Factors that Contribute to Prevalence of Malnutrition among Children Between 0-5years in Mbutu, Aboh Mbaise, Imo State

Table 4 shows that all the factors listed below contributes to malnutrition. 67% of the respondents said all the factors, 25% of the respondents said low parental education background, 6% of the respondents support low parental income and 2% of the respondents supports large family size.

Table4. *Factors that contribute to malnutrition*

Responses	Respondents	percentage
Large family size	2	2%
Low parental income	8	6%
Low parental educationalBackground	30	25%
All of the above	80	67%
Total	120	100%

Table 5a shows that 0-1year children may be affected but not much since no respondent ticked it. 58% of the respondents said 2-3 years and 42% of the respondents said 4-5yrears.

Table 5b shows that 25% of the respondents said it doesn't affect females than males neither do it affect males than females. 33% of the respondents said it affects males more than females and 42% of the respondents said it affects females more than males.

Table5a. *Age group that is more prone to malnutrition*

Responses	Respondent	Percentage
0-1	-	-
2-3	70	58%
4-5	50	42%
Total	120	100%

Table5b. *Sex that is more prone to malnutrition*

Sex	Respondent	Percentage
Male	40	33%
Female	50	42%
No for both	30	25%
Total	120	100%

Table 6 shows that all the factors listed below affects malnourished children. 67% of respondents supports that all the factors are inclusive, 17% respondents support poor growth and development, 10% of the respondents supports risk for infection or disease and 6% of the respondents support poor school performance.

Table6. *Responds on effects of malnutrition on children*

Responses	Respondent	Percentage
Poor school performance	8	6%
Risk for infection or disease	12	10%
Poor growth and development	20	17%
All of the above	80	67%
Total	120	100%

Table 7 shows that all the factors below are needed to reduce the prevalence of malnutrition. 8% of the respondents support encouraging couples on family size, 17% support eliminating food taboos, 21% support government subsiding food items and 54% support all the listed items.

Table7. *Suggestions on how malnutrition can be minimized*

Responses	Respondent	Percentage
Encourage couples on family size	10	8%
Eliminating food taboos	20	17%
Government	25	21%
All of the above	65	54%
Total	120	100%

DISCUSSION

From the analysis, 92% have heard about malnutrition and 8% respondents said they have not heard about malnutrition. UNICEF (2008) said that malnutrition occurs in all developing countries. Since Mbutu is a developing place, it is in line with UNICEF hence 92% were able to know what malnutrition is. From the analysed data,17% respondents said decreased height for age, 8% said poor skin texture,8% said physical deformity and 67% said all the signs are seen. This supports Stevenson *et al.*, (2011) who said that a malnourished Childs weight and height do not correspond to that of a healthy child when they are compared. And according to daily sun, 2004; some of the manifestation of malnutrition is physical deformity.

In the analysis, 67% of the respondents said that large family size, low parental income all contributesto malnutrition while 2% supported large family size, 6% low parental income and 25% said low parental educational background leads to malnutrition. This corresponds with the conceptual framework of Childs survival by UNICEF (2008).

Also, 42% of the respondents said malnutrition affects children 4-5years, 58% respondents said it affects children 2-3years,None said 0-1year.This is in line with Schoonees*et al.,*2013, that states that every pre-school children in the developing country is affected by malnutrition.

In the analysis as well,6% of the respondents said that malnutrition leads to poor school performance, 10% supports risk for infection or disease, 17% said poor growth and development while 67% supported all as effects of malnutrition on children. This supports the research of Lazzarini*et al.*, 2013.

In the analysis,8% of the respondents said encouraging couples on family size can minimize malnutrition, 17% said eliminating of food taboos, 21% said government should subsidize food items and 54% supported all of the above to help and reduce malnutrition. This supports the research of Black *et al.*, 2008, which stated that family planning and government intervention can reduce malnutrition in the developing countries.

CONCLUSION

Malnutrition, described as underlying factors of many diseases is a poor condition, which results due to insufficient intake of nutrient or improper absorption of the nutrients taken. It affects growth,sex hormone level and increases the chances of infection because of low immunity. This can be prevented through teaching and encouraging mothers to put to practice the achieving knowledge. Also this can be treated medically and dietary therapy. Knowledge of the factors contributing to malnutrition helps to know how to reduce it to its minimum putting into consideration those affected both on the child and the family as a whole. Mothers should watch out for the clinical manifestations of this condition so that treatment starts immediately. But always bearing in mind that prevention is better than cure.

RECOMMENDATION

Based on the findings in this study, the researcher wishes to make the following recommendation, which will help to improve the nutritional status of children and reduce the contributing factors. Parents and caregivers should assume responsibilities on children, given them appropriate attention. Parents should always consider feeding their children as their priority. The religious group should organize a talk on child care and nutrition. It should be integrated into the curriculum of primary and secondary schools so that potential mothers get enough information on malnutrition of children before becoming mothers.

REFERENCES

1. Bhutta, Z. A.; Ahmed, T.; Black, R. E.; Cousens, S.; Dewey, K.; Giugliani, E.; Haider, B. A.; Kirkwood, B.; Morris, S. S.; Sachdev, H. P. S.; Shekar, M.; Maternal Child Under nutrition Study Group (2008). "What works? Interventions for maternal and child under nutrition and survival". The Lancet. 371 (9610): 417–440

2. Black, R. E.; Allen, L. H.; Bhutta, Z. A.; Caulfield, L. E.; De Onis, M.; Ezzati, M.; Mathers, C.; Rivera, J.; Maternal Child Under nutrition Study Group (2008). "Maternal and child under nutrition: Global and regional exposures and health consequences". The Lancet. 371 (9608): 243–260.

3. Egwu, I.M (2008) the concept of Nutritional care and rural Development in Nigeria.Community Development journal pp-225

4. Isiocha, U.H.,(2007). Identification and treatment of common ailments in the community paper presented at Kano-Health and population project. Volume 2 page 20.

5. Kenton R. Holden. "Chapter 2 Malnutrition and Brain Development: A Review. In Neurologic Consequences of Malnutrition, World Federation of Neurology Seminars in Clinical Neurology, 2008, World Federation of Neurology," (PDF). Demos Medical Publishing. Retrieved March 3, 2014.

6. Lazzerini, M; Rubert, L; Pani, P (Jun 21, 2013). "Specially formulated foods for treating children with moderate acute malnutrition in low- and middle-income countries." The Cochrane database of systematic reviews. 6:

7. Manary, Mark J.; Indi Trehan, Hayley S. Goldbach, Lacey N. LaGrone, Guthrie J. Meuli, Richard J. Wang, and Kenneth M. Maleta (January 31, 2013). "Antibiotics as Part of the Management of Severe Acute Malnutrition". The New England Journal of Medicine. 368 (5): 425–435.

8. Schoonees, A; Lombard, M; Musekiwa, A; Nel, E; Volmink, J (Jun 6, 2013). "Ready-to-use therapeutic food for home-based treatment of severe acute malnutrition in children from six months to five years of age." The Cochrane database of systematic reviews. 6: