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Effect of Nutrition Education on Improving Knowledge and Practice Regarding IYCF Among Mothers with 6-24 Months Children

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Abstract

Malnutrition can be caused by inadequate practices for infant and young child feeding (IYCF) and food instability. For children to survive, grow, and develop into healthy people who can lead fulfilling lives and constructively contribute to their communities, nutrition during the early years of life is essential. One of the most important aspects of children care is infant and young child feeding (IYCF). It has a significant impact on both the short and long-term health outcomes of individuals, as well as the social and economic advancement of communities and countries.The objective of the study was to assess the effectiveness of nutritional education intervention in improving knowledge and practice regarding IYCF among mothers having 6-24 months children. In this work, a quasi-experimental design and a quantitative research methodology were utilised. In the study, a convenient sampling technique with thirty samples was the method used. A structured questionnaire and an observational checklist were used to gather the data.Data was analyzed by descriptive and inferential statistics.

The research findings demonstrated that the nutritional education intervention was successful in improving mothers' knowledge, as evidenced by the mean post-test knowledge score being higher than the mean pre-test knowledge score with a mean difference of 11.67. With a mean difference of 16.75, the mean post-test practice score exceeded the mean pre-test practice score, indicating that women were following appropriate protocol post nutritional education.

Keywords: Nutrition education, Knowledge, Practice, IYCF, Weaning.

INTRODUCTION

"Breastfeeding is warmth, nutrition and love all rolled into one. It is a mother's gift to herself, her baby and the earth."

Undernutrition is a result of both inadequate infant and young child feeding (IYCF) practices and food instability. Early childhood nutrition is essential for children's survival, growth, and development into healthy individuals who may lead fulfilling lives and make valuable contributions

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to their communities. The time between birth and two years of age is referred to as the "critical window" of opportunity since it is during this time that the groundwork for future healthy growth and development is established. As a result, sufficient nutrition during this time has been acknowledged as a national and worldwide issue. A key aspect of child care is infant and young child feeding (IYCF).

It has a significant impact on both the short and long-term health outcomes of individuals, as well as the social and economic advancement of communities and countries.[2] In This need has led the World Health Organisation (WHO) to recommend early breastfeeding, i.e., within an hour of delivery, exclusive breastfeeding for the first six months of life, and the addition of complementary foods that are safe, appropriate, and provide enough nutrition while continuing to breastfeed for a year or longer as optimal nutrition practices for infants and children.[3] But despite repeated reminders of how crucial it is to put these suggestions into practice, the country still fails to improve the status of infant and child feeding, even though doing so is essential to achieving a better and more fruitful future.

A balanced diet and generous feeding are essential for young children's and new-borns' healthy development. Undernutrition is the cause of over one-third of childhood mortality worldwide; this condition is especially prevalent in low and lower-middle-income nations.[1,2] According to the third National and Family Health Survey 3 conducted in India, 38% of children under three were stunted, 19% were wasted, and 46% of children under three were underweight. India is a nation with many distinct customs and civilizations. Various traditions and practices, such as how infants are fed, have an impact on our health. An overview of the areas that require adjustment can be gained by evaluating mothers' knowledge, attitudes, and practices surrounding their child's feeding, after which specific intervention techniques can be developed to address those issues.

Problem Statement

An explorative study to assess the effectiveness of Nutrition educational intervention on improving Knowledge and practice regarding IYCF among mothers with 6-24 months at New Civil Hospital, Surat

Objectives

The objectives of the study were:

1. Assess existing knowledge and practice regarding IYCF among mothers with 6-24 months at New Civil Hospital, Surat
2. Develop and implement nutrition educational intervention regarding IYCF among mothers with 6-24 months.
3. Determine the correlation between knowledge and practice on a nutritional educational intervention regarding IVCF among mothers with 6-24 months at New Civil Hospital, Surat.
4. Find out the association between pretest knowledge and practice regarding IYCF among mothers with 6-24 months at New Civil Hospital, Surat with selected socio-demographic variables.

Assumption

- Mothers are not practicing IYCF correctly and do not know enough about it.
- A nutrition education intervention may assist with IYCF knowledge and practice, which will be essential for a child's growth and development.

Delimitation

- The study only included women whose children were between 6-24 months old.
- Those who are available and willing to participate in study at the time of the data collection.
- The New Civil Hospital's Paediatric ward in Surat, Gujarat, was the study's setting.

Research Methodology:

- **Research Approach**: A quantitative evaluative Research Approach
- **Research Design**: Quasi-experimental research design with one group pretest post Design
- **Research Setting**: New Civil Hospital Surat, Gujarat
- **Sampling Techniques**: Convenient non-probability sampling technique.
- **Sample Size**: 30

Sampling Criteria:

Inclusion criteria

- Mothers who speak Hindi and Gujarati.
- Mothers who consent to take part in the research.
- Mother of children consulted in New Civil Hospital, Surat.

Exclusion Criteria

- Mothers who refuse to take part.
- Mothers of children above age group of 6-24 months.
- Mothers who were unavailable when the data was being collected.

Description of data:

- **Section-I:** covers the subject's demographic characteristics, including age, religion, education, qualification, occupation, family income, parity, and any information about IYCF.
- **Section–II:** Self structured knowledge questionnaire-total 30 questionnaires related to IYCF.
- **Section-III:** Observational practice Checklist for IYCF.
- **Section-IV:** Developing nutritional educational intervention.

Validity of data: reviewed and approved by 10 nursing specialists.

Reliability: The Split Half Method was used to calculate the tool's reliability; the results were 0.89 and 0.92, respectively.

Ethics and consent: Informed permission is obtained by every participant. Obtained approval from the Medical Supervisor at the New Civil Hospital in Surat before beginning the study.

RESULTS AND DISCUSSION

Section I: Finding related to analysis of demographic variable of mothers:

Variables	Frequency	Percentage
Age (in years)		
18-23 years	09	30
24-29 years	14	47
30-35 years	06	20
Above 35 years	01	03
Religious		
Hindu	20	66
Muslim	10	34
Christian	00	-
Others	00	-
Education		
Illiterate	06	20
Primary education	12	40
Higher secondary	10	34
Graduate and more than	02	06
Occupation		
Housewife	25	83
Government job	00	-
Private job	01	04
Other	04	13
Community		
Urban	17	57
Rural	13	43
Monthly Income (rupees)		
<5000	06	20
5000-10000	18	53
10000-15000	08	27
>15000	00	-
Parity		
1st child	08	27
2nd child	12	40
>3 child	10	33
Family		
Nuclear family	16	53
Joint family	14	47
Source of information regarding IYCF		
Journals and magazine	8	27
Social Media	16	53
T.V and Radio	6	20
Any others	-	-

Table 2: Comparison of pretest and posttest knowledge and practice score regarding IYCF

Variables	Pretest (n= 30)		Posttest (n=30)		Mean Difference	Student paired t-test
	Mean score	Standard Deviation	Mean score	Standard Deviation		
Knowledge	15.26	2.41	26.93	2.04	11.67	t=22.46 P=01*(S)
Practice	29.46	2.99	46.21	2.21	16.75	t=52.36 P=01*(S)

- A statistically significant, almost favourable association (r=0.52 P01) was found between mothers' post-test knowledge score and post-test practice score.
- The association between post-test knowledge score and demographic variables Age, education and occupational status had association with their demographic data, and posttest practice score age, education, monthly income and parity had association with their demographical data.

The finding coincides with the findings that study on effect of nutrition education on knowledge, complementary feeding and hygiene practices of mothers with moderate acutely malnourished children in Uganda. Result of study was Mean scores for knowledge, dietary diversity, and meal frequencies were higher at end line compared to baseline ($P < .001$). Hand washing did not improve significantly ($P = .183$), while boiling water to enhance water quality improved ($P < .001$).

RECOMMENDATION

Training on the IYCF policies of the WHO and MoHFW GOI should be provided to grassroots health workers. Emphasis should be focused on the advantages of appropriate feeding practices by hospitals, CHCs, PHCs, and HWCs, with a focus on making these services broadly accessible through IEC.

Religious beliefs have the potential to influence breastfeeding, hence it is necessary to change mothers' behaviours and attitudes by providing counselling by reiterating cultural and religious customs.

To enhance understanding and proper supplemental feeding practices, including in daycare centres, nutrition education should be the primary priority of the government and other stakeholders involved in the sustained decrease of child nutrition.

Utilising indigenous religious practices can improve how health programmes are implemented.

CONCLUSION

The intervention of nutrition education was successful in raising awareness of and enhancing IYCF practices and knowledge. Mothers had more expertise, and they were applying IYCF correctly.

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