

CHAPTER 6

CONCLUSION

The present study was done in two phases. Assessment of nutritional status of children and exploration of risk factors related to malnutrition was done in Phase I. Effectiveness of Family-Based Intervention Programme was evaluated on nutritional knowledge of mothers and nutrition related practices of mothers.

Based on the findings following conclusions can be drawn:

1. The overall prevalence of malnutrition identified in children was 152 (21.6%).
This signifies that it is still a health concern.
2. About 74 (11%) were found underweight in mild to moderate category.
3. 28 (4%) children were wasted in mild category and 11 (1.5%) in moderate category.
4. 87 (12%) children were found stunted.
5. The present study identified: anemia during pregnancy, weight of child less than 2.5 kg, non-initiation of feeding within one hour of birth, bottle feeding, recurrent childhood illnesses and skipping of meals by children as significant risk factors for malnutrition. Other factors identified were environmental factors i.e., open drainage system, pucca house, toilet in house, and not sowing own vegetables.
6. It was found that mothers in both intervention and control group were having inadequate knowledge and practices regarding nutrition.
7. Family Based Intervention Programme was found to be effective as there was

significant gain in weight and mid-upper arm circumference in intervention group as compared to control group.

8. Family Based Intervention programme was effective on knowledge of mothers regarding malnutrition and nutrition related practices of mothers as there was significant enhancement in knowledge and nutrition related practice mean scores in intervention group than control group.

Implications

The present study findings have implications in the following areas:

Nursing Education

- Nurses are considered to be backbone of any health care system and they play an important role in strengthening, administering and utilizing of the health care facilities.
- Community health nurses influence the behavior and practices of mothers, caregivers by direct interactions and regular education based on improving the knowledge and skills of mothers and caregivers in maintaining the health of a child.
- Nurses in clinical areas can educate the mothers and other care givers for adopting healthy dietary practices for their child by educating them about locally available nutrient rich food for their children.
- She can teach the mothers in the community regarding tracking of weight and height of child by plotting in the antenatal card and identify deviation from the normal.

- Continuing nursing education should be conducted by senior nurses for student nurses and junior nurses to develop competency in them for nutrition counselling through diet analysis.
- Health education is the main function of nurses in the clinical areas and therefore nurses should do health education based in need identification of particular age group.
- Nurses should plan the health education based on evidence-based risk factors of malnutrition so as to prevent nutrition related problems in children. Health education can be done based on: antenatal care, prevention of anemia during pregnancy, importance of healthy diet during pregnancy and outcomes on child.

Nursing Practice

- Nurses play an important role in community and hospital setting. She should regularly screen the children for nutritional deficiencies by a thorough head to toe health assessment.
- Screening for growth and development should be done along with physical assessment to rule out any deviation in milestones of child due to nutritional deficiencies.
- In collaboration with other health care professionals, small-scale interventions should be planned which are feasible and culturally acceptable for benefit of both mother and child.
- Health promotion camps to be conducted by the community nurses at schools and community areas for prevention of nutritional deficiencies.

- Dietary assessment of children should be done at regular intervals so that any deviation from normal can be traced and rectified through health education and reinforcement of mothers through regular follow-up visits.
- Meeting by the nurse in-charge posted in the community should be done for ANMs, ASHA and Aganwadi workers for updating them regarding guidelines and programs initiated by government.

Nursing Administration

- Nurses who are heading the Aganwadi, play an important role in catering to the health needs of the community. They should conduct regular meeting for ANMs, Aganwadi workers and ASHA workers and take an update regarding the effective utilization of health services launched by government for children in the areas of administration.
- Thorough evaluation of reports submitted by health care workers in community should be done and any problem should be escalated to higher authorities.
- Inspection and screening of utilization of health services should be done in community which will help to identify any barriers.
- Collaboration with other members of health team should be done so as to provide better services at community level.

Nursing Research

Researches in the community areas focusing on cultural habits of community of particular area should be done which will help to plan effective interventions for them.

Moreover, prospective intervention studies should be undertaken to see its impact on child's health and cognitive development. Efforts should be undertaken to involve community representatives in the researches so that barriers at the grassroots level can be identified. This will also help to reduce the prevalence of malnutrition in under five children. Other areas where research can be undertaken has been discussed in recommendations below.

Recommendations

Based on the present study findings of the study following recommendations can be made:

1. Exploration studies on prevalence and risk factors of malnutrition can be done in various population.
2. Descriptive study on a larger scale can be undertaken to identify the biophysical and geographical correlates of identified malnourished children.
3. A study can be done to assess the knowledge and practices of health care workers (Anganwadi and ASHA/USHA workers) regarding nutrition for mothers and children can be done.
4. Qualitative study can be done among mothers of identified malnourished children regarding the difficulties faced by them in implementing the practices.
5. An exploratory study can be done to identify the barriers of utilization of health services by mother of under five children in hilly terrains.
6. Studies on patterns of feeding of children can be undertaken among mothers of under-five children.

7. Studies to evaluate the effectiveness of Family-Based Intervention Program on other age groups of children can be undertaken.
8. Present study was conducted for nine months which included follow up visits at every third month. Similarly, a longitudinal study can be conducted for children identified as malnourished below three years till five years of age.
9. A comparative study on various form of intervention programs can be done like self-instruction module vs electronic module, home based interventions vs ready to use therapeutic interventions.