

Associated factors of Malnutrition amongst pregnant women and lactating mothers in rural areas

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ABSTRACT

Introduction:

Malnutrition is one of the major problems in which the physical function of an individual is impaired to the point that it can no longer maintain adequate body processes such as growth, physical work, and resistance to or recovery from disease. Malnutrition is associated with a low economic situation, and poor personal and environmental hygiene. It is found that the centre of the problem is the backward socioeconomic development of the country. The level of the healthcare services in rural areas is low, when compared to urban areas. The objective of this study was to assess the magnitude of malnutrition and associated factors among pregnant women and lactating mothers in rural areas.

KEYWORDS : Magnitude. Pregnancy, Malnutrition

INTRODUCTION

The World Health Organization (WHO) defines malnutrition as 'the cellular imbalance between the supply of nutrients and energy and the body's demand for them to ensure growth, maintenance, and specific functions'. Contrary to the common use, the term malnutrition refers not only to deficiency states but also to excess and imbalance in the intake of calories, proteins and/or other nutrients.

A balanced amount of nutrients is necessary for the proper functioning of the body system. Nutrition is a fundamental pillar of human life, health and development throughout the entire life span¹. Proper food and good nutrition are essential for survival, physical growth, mental development, performance and productivity, health, and wellbeing. However, nutrition requirements vary with age, gender, and during physiological changes such as pregnancy.

Pregnancy is such a critical phase in a woman's life when the expecting mother needs optimal nutrients of superior quality to support the developing fetus.

Malnutrition manifests itself as a function of many and complex factors that affect the national child status². It is directly linked to inadequacy in diet and diseases under living conditions factors that include crisis in household food supply, inappropriate childcare and feeding practices, unhealthy place of residence and insufficient basic health services for those in poor socioeconomic situations, cultural beliefs, and lack of parents' education, especially that of mothers.

Poor nutrition in pregnancy, in combination with infections, is a common cause of maternal and infant mortality and morbidity, low birth weight and intrauterine growth retardation (IUGR). Malnutrition remains one of the world's highest priority health issues, not only because its effects are so widespread and long lasting but also because it can be eradicated best at the preventive stage⁴. Maternal malnutrition is influenced not only by lack of adequate

METHODS

A cross-sectional study was conducted in Primary Health Centre, Kanti, Muzaffarpur District of Bihar from 1 to 30 March 2018. The sample consisted of 34 randomly selected pregnant women and lactating mothers..

A structured questionnaire, containing close-ended questions including information on malnutrition and related factors such as measurement of weight, height and calculation of BMI (body mass index, kg/m²). The questionnaire was prepared in English and translated to a local language. Before data collection, the questionnaire was pre-tested on 5% of the patients, attending primary health center in Kanti, who were not selected for the study but randomly selected from patients having a follow-up in the health center.

RESULTS

Pregnant women were more than lactating mothers (55% vs 45%). Most of the women were aged 20–30 years, lived in rural areas, had primary school education or were illiterate, and Muslim. The majority worked as farmers with a monthly income of Rs.5000. Additionally, more than half drank unprotected water and almost half of them had access to a toilet.

DISCUSSION

This study reports on the magnitude of malnutrition among pregnant women and lactating mothers, in Kanti Block and gives the association of sociodemographic characteristics and

nutritional status of 34 participants. The study is a reasonable reflection of the nutritional status of the pregnant women and lactating mothers. A number of similar studies have been conducted in various parts of other countries.

Different studies show that education plays a prominent role on the nutritional status of pregnant women and lactating mothers. The majority of the respondents in our study were illiterate or had primary education, which may explain the diet they followed at the time of our study. Family education affects nutrition and is associated with a higher income and the participant's ability to make better decisions for herself and her child. The educated pregnant women and lactating mothers were more careful about what they ate than the uneducated ones. According to the findings of our study, families with many members is also an important factor related to the nutritional status of pregnant women and lactating mothers. The reason is that there is probably not enough time for proper care and enough food for them, increasing the risk of malnutrition. The effect of large family size with overcrowding and inadequate spacing has been implicated as a risk factor for the prevalence of malnutrition.

The results of this study also show that pregnant women and lactating mothers with malnutrition live in a household with low monthly family income.

Monthly income and attitude during pregnancy were identified as important predictors of knowledge of women on nutrition during pregnancy and lactation among the study participants. A similar study conducted in Wollega showed that educational level and monthly income were significantly associated with maternal knowledge on nutrition⁴.

According to the responses on dietary style, a few were drinking fresh citrus fruit juice, almost a quarter were taking protein daily, and only a few were using milk and milk products daily, while a quarter were eating fresh vegetables, daily.

The weight and height of the pregnant women and lactating mothers were also measured in the study and the BMI was calculated. In all, 22.5% were overweight, 30.3% were underweight, and 47.2% of the pregnant women and lactating mothers had a normal nutritional intake.

CONCLUSIONS

Education is one of the most important resources that enables the family to provide appropriate care for pregnant women and lactating mothers in terms of growth and development. The risks are increased when the monthly income is low. According to our results, the large family size seen in the area was one of the factors affecting nutritional status. We found evidence that

socioeconomic and demographic variables have a significant influence on the nutritional status of pregnant women and lactating mothers. Therefore, further actions are needed to address these problems and the implementation of effective strategies.

Based on the result of our study, we recommend that authorities should:

- Facilitate rural-urban community's access to information on nutrition such as eating-practices sanitation, health, and development programs.
- Make efforts to expand awareness of women's education on dietary issues during pregnancy and lactation.
- Develop educational programs about nutritional problem identification and solutions, especially on community education about specific nutritional needs of pregnant women and lactating mothers, and how to combat the main infectious diseases.