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PART-{A}
HEALTH
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ARTICLES

PERCEIVED FACTORS RESPONSIBLE FOR MALNUTRITION AMONG UNDER 5 CHILDREN IN OGBOMOSO SOUTH LOCAL GOVERNMENT AREA, OYO STATE

¹Onifade, O. A. (Ph.D.) ²Ologele, I. (Ph.D.), ³Adigun, J. O. (M.Ed.), Oguntunji, I. O. (M.Ed.), Ogungboye, R. O. (M.Ed.) and ⁴Abikoye, A. I. (M.Ed.)

¹⁻⁴ DEPARTMENT OF HEALTH PROMOTION AND ENVIRONMENTAL HEALTH EDUCATION FACULTY OF EDUCATION, UNIVERSITY OF ILORIN, NIGERIA.

Corresponding e-mail address: adigunjoseph12@gmail.com

ABSTRACT

The study examined perceived factors responsible for malnutrition among under 5 children in Ogbomoso South Local Government area, Oyo State. The population used for the study comprised all nursing mothers in Ogbomoso South Local Government.

The descriptive research design of the survey method was used for this study. Multi-stage sampling techniques, consisting of simple, proportionate and systematic random sampling techniques were used to select 220 nursing mothers (respondents) in Ogbomoso South Local Government. Researcher-designed questionnaire validated by 3 experts drawn from the Department of Health Promotion and Environmental Health Education, University of Ilorin, Nigeria, was used for data collection. A reliability co-efficient of .84r was obtained through Split-half method using Pearson Product Moment Correlation (PPMC). Data collection was conducted by the researcher and three trained research assistants. Data collected were analyzed using descriptive statistics of frequency counts and percentage for demographic information as well as inferential statistics of Chi-square (X^2) to test the hypotheses at 0.05 alpha level.

The findings of the study showed that:

- I. Poor breast feeding was perceived as a significant factor responsible for malnutrition among under 5 children because calculated X^2 value (56.8) > critical value (5.99);
- II. Poor diet was perceived as a significant factor responsible for malnutrition among under 5 children because calculated X^2 value (30.6) > critical value (5.99); and
- III. Poverty was perceived as a significant factor responsible for malnutrition among under 5 children because calculated X^2 value (118.6) > critical value (5.99). The study concluded that poor breastfeeding, poor diet and poverty were perceived as significant factors responsible for malnutrition among under 5 children in Ogbomoso South Local Government. The findings implied that non-exclusive breastfeeding, inadequate diet and low income level of the parents could result to malnutrition. It was recommended that nursing mothers should strictly adhere to exclusive breastfeeding and parents should make provision for adequate diet as these would prevent malnutrition.

Corresponding Author: ³Adigun, J. O. (M.Ed.),
Oguntunji, I. O. (M.Ed.),

Department Of Health Promotion And Environmental
Health Education Faculty Of Education, University Of
Ilorin, Nigeria.

Introduction

Malnutrition is linked to a variety of illness-from under-nourishment as a result of lack of one or more nutrient-such as vitamins, minerals deficiencies and other diet-related diseases (Adeyemo and Joan, 2012). Regarded as by far the most lethal form of malnutrition is Protein-Energy Malnutrition (PEM). The World Health Organization called PEM the silent emergency whose major victims are children of school age. It declared that PEM is an accomplice in at least half of the 10.4 million children's deaths each year, malnutrition is said to cost long shadows affecting close to 800 million people 20 percent of all people in the developing countries. In other words, 1 out of every 8 people in the world suffers from malnutrition (Emmanuel, 2006). According to Kristof (2009), mortality due to malnutrition accounted for 59 percent of the total mortality in 2006 world-wide. Schaible and Kaufmann (2007) asserted that six million children died of hunger every year, poor or non-existent breastfeeding cause 1.4 million, other deficiencies, such as lack of vitamin A or zinc account for 1 million. Adeyemo and Joan (2012) observed that malnourished child grows up with worse health and lower educational achievements malnutrition plays role in more than half of all children's death in Nigeria. Houghton (2007) defined malnutrition as a broad term which refers to both under-nutrition (sub-nutrition) and over-nutrition. Individual are malnourished or suffer from under-nutrition or their diet does not provide them with adequate calories and protein for maintenance and growth or they cannot fully utilize the food they eat due to illness. People are also malnourished or suffer from over-nutrition if they consume too many calories. Saunders (2007) observed that malnutrition is the condition that develops when the body does not get the right amount of the vitamins, minerals and other nutrients it needs to maintain healthy tissues and organ function. Schaible and Kaufmann (2007) opined malnutrition as a condition that results from taking an unbalanced diet in which certain nutrients are lacking, in excess (too high intake) or in the wrong proportions. The definition of malnutrition by World Health Organization (WHO) as cited by Beers, (2004) is cellular imbalance between supply of nutrients and energy and the body's demand for them to ensure growth, maintenance and specific functions.

Malnutrition occurs in people who are either undernourished or over-nourished (Beers, 2004) Beers further defined undernourished as a consequence of consuming few essential nutrients or using or excreting them more rapid than they can be replaced. Flancbaum, (2001).observed that under-nutrition is a form of malnutrition resulting from a reduced supply of food or from inability to digest, assimilate and use the necessary nutrients. Infants, young children and teenagers need additional nutrients. Nutrients loss can be accelerated by diarrhea, excessive intake can be restricted by age-related illness and conditions, excessive dieting, food allergies, severe injury, serious illness, a lengthy hospitalization or substance abuse (Flancbaum, 2001).

The leading cause of death in children in developing countries is protein-energy malnutrition (inadequate intake of calories from proteins, vitamins, and minerals). Children who are averagely undernourished can suffer from PEM. The two types of PEM are Kwashiorkor and Marasmus. Kwashiorkor occurs with fair or adequate calories intake but inadequate protein intake, while marasmus occurs when the diet is inadequate in both calories and protein (Grover, 2009). About 1% of Children in the United States suffer from chronic malnutrition, in

comparison to 50% of Children in Southeast Asia. Two-thirds of all the malnourished children in the world are in Asia, with another one-fourth in Africa (Grigsby, 2003).

In the United States, nutritional deficiencies have generally been replaced by dietary imbalance or excesses associated with many of the leading causes of death and disability (Adeyemo and Joan, 2012). Over-nutrition results from eating too much, eating too many things not exercising enough or taking too many vitamins or other dietary replacements, (Gale, 2001). Risk of nutrition is also increased by being more than 20 percent overweight consuming a diet high in fat and salt and taking high doses of; nicotinic acid (Niacin) to lower elevated cholesterol levels, vitamin B₆ to relieve pre-menstrual syndrome, vitamin A to clear up skin problems and Iron or other trace minerals not prescribed by a doctor (Guigoz, Laugue and Vellas 2002).

The perceived factors responsible for malnutrition include the following: poor breastfeeding- experts say that poor breastfeeding, especially in the developing countries, leads to malnutrition in infants and children. In some parts of the world mothers still believe that bottle-feeding is better for the child. Another reason for poor breastfeeding in the developing countries is that mothers abandon it because they do not know how to get their baby to latch on properly (Emily, 2005). The report in Iran revealed that 7.7, 15.5 and 4.3% of under 2-year old children are underweight, stunted and wasted respectively because of malnutrition (Ministry of Health Time, 2006).

Poor diet- If a person does not eat enough food or if what he eats does not supply him with the nutrients required for good health, malnutrition may set in, poor diet may be caused by several factors for instance, if the patient develops dysphagia (Swallowing difficulties) because of an illness or when recovering from an illness, he may not be able to consume enough nutrient (Amella, 2004). Schaible and Kaufmann (2007) reported that six million children died of hunger every year across the world. Mental Health Problems, mobility problems, digestive disorders and stomach conditions, alcoholism, food Shortage, food prices and food distribution, loss of appetite and food allergies can also cause malnutrition (Amella, 2004).

Poverty- 10 percent of all members of low income households do not always have enough and healthful food to eat. Proteins energy malnutrition occurs in 50 percent of surgical patients and 48 percent of all other hospital patients (Grover, 2009). The nutritional status of a child depends largely on the quantity and quality of food available in the family, purchasing power of the household which would determine the accessibility to food and the distribution of food within the household. The parents with low income level are likely to have shortfall in food intake and poor feeding services which in turn may lead to macronutrient deficiencies causing serious morbidity (Groeneveld, Solomon and Doak, 2007).

According to Kirby (2009) and Grover (2009) the signs and symptoms of malnutrition include: loss of fat (adipose tissue), lack of growth in children, rapid hair loss, breathing difficulties; a higher risk of respiratory failure, depression, higher risk of complications after surgery, higher risk of hypothermia-abnormal low body temperature, higher susceptibility to feeling cold, longer healing times from wounds, longer recover times from illness, low sex drive, problem with fertility, reduced muscle mass, reduced tissue mass heart, liver and respiratory failure, anaemia, night blindness, goiter (enlarged thyroid gland), amenorrhea (cessation of menstrual periods),

scaling and cracking of the lips and mouth and malnourished children may be short for their age.

According to Emily (2005, Suskind, 2009 and Halsted, 2004) the following are the effects of malnutrition- over-weight baby, mental growth retarded, malnutrition during pregnancy may cause the baby to weigh less at birth and have a lower chance of survival. zinc deficiency, little or no carbohydrate, immune abnormalities, swollen and bleeding gums, impaired memory, trouble in paying attention and concentrating, profound personality changes and aggressive behavior.

Malnutrition can be prevented and controlled through exclusive breastfeeding, improvement of hygiene, health promotion or education, appropriate nutritional advice and counseling during childhood, eating adequate diet, good prenatal nutrition, engagement in moderate physical activity for at least 30 minutes several times a week and achieve or maintain ideal weight (Mary, 2003; Muller, 2005 and Bhan, 2003).

Research Hypotheses

The following hypotheses were postulated for the study

1. Poor breastfeeding is not perceived as significant factor responsible for malnutrition among under 5 children in Ogbomoso South Local Government Area.
2. Poor diet Poor breastfeeding is not perceived as significant factor responsible for malnutrition among under 5 children in Ogbomoso South Local Government Area.
3. Poverty is not perceived as significant factor responsible for malnutrition among under 5 children in Ogbomoso South Local Government Area.

Methodology

This study was carried out with the use of descriptive survey method. The study population comprises of all nursing mothers in Ogbomoso South Local Government. Multi stage sampling technique was used for sampling process. In the first stage, simple random sampling technique was used to select five (5) wards in Ogbomoso South Local Government with the estimated population of one thousand and one hundred (1,100) nursing mothers. In the second stage, proportionate sampling technique was used to select 20% of the population to form the sample size (220) for the study. In the third stage, systematic sampling technique was used to draw the samples required for the study from each professional association.

Table 1: The Population and Sample Size from the selected wards in Ogbomoso South Local Government.

S/N	NAME OF WARD	POPULATION	SAMPLE
		(Nursing Mothers per ward)	(20%)
1	Alapata	326	65
2	Ijeru 1	216	43
3	Arowomole	243	49
4	Ibapon	163	33
5	Ilogbo	152	30
GRAND TOTAL		1,100	220

A researcher-structured questionnaire that had been validated by three (3) experts from the Department of Health Promotion and Environmental Health Education, University of Ilorin was used for this study. The reliability of instrument was carried out using split half method. The correlational analysis data generated was done using Pearson Product Moment Correlation (PPMC). A reliability co-efficient of .84 was obtained. The researcher with the help of three trained research Assistants administered the instrument. The three postulated research hypotheses were tested with the use of inferential statistics of Chi-square (X^2).

Result and Discussion

Hypothesis 1: Poor breastfeeding is not perceived as significant factor responsible for malnutrition among under 5 children in Ogbomosho South Local Government Area.

Table 2: Chi-square analysis showing perception of poor breastfeeding as a factor responsible for malnutrition among under 5 children in Ogbomosho South Local Government Area.

S/N	Item	Agree	Disagree	Row Total	Cal. X^2	DF	Critical Value	Decision
1	Inadequate breastfeeding causes malnutrition	180 (81.8%)	40 (18.2%)	220	56.8	2	5.99	Ho Rejected
2	Periodic breastfeeding leads to malnutrition	164 (74.5%)	56 (25.5%)	220				
3	Bottle feeding a baby may cause malnutrition	110 (50%)	110 (50%)	220				
Column Total		454	206	660				

The findings from the analysis in the table two above shows that calculated chi-square (X^2) value was 56.8 while the table value was 5.99 with degree of freedom (df) 2 at 0.05 level of significance. Since the calculated chi-square value of 56.8 was greater than the table value of 5.99. Therefore

hypothesis one was rejected. This means that poor breastfeeding was perceived as a significant factor responsible for malnutrition among under 5 children in Ogbomosho South Local Government Area.

Hypothesis 2: Poor diet Poor breastfeeding is not perceived as significant factor responsible for malnutrition among under 5 children in Ogbomosho South Local Government Area.

Table 3: Chi-square analysis showing perception of poor diet as a factor responsible for malnutrition among under 5 children in Ogbomosho South Local Government Area.

S/N	Item	Agree	Disagree	Row Total	Cal. χ^2	DF	Critical Value	Decision
1	Failure to eat enough food leads to malnutrition	160 (72.7%)	60 (27.3%)	220	30.6	2	5.99	Ho Rejected.
2	Swallowing difficulties cause malnutrition	110 (74.5%)	110 (25.5%)	220				
3	Loss of appetite leads to malnutrition	110 (50%)	110 (50%)	220				
	Column Total	426	234	660				

The findings from the analysis in the table three above shows that calculated chi-square (χ^2) value was 30.6 while the table value was 5.99 with degree of freedom (df) 2 at 0.05 level of significance. Since the calculated chi-square value of 30.6 was greater than the table value of 5.99. Therefore hypothesis two was hereby rejected. This means that poor diet was perceived as a significant factor responsible malnutrition among under 5 children in Ogbomosho South Local Government Area.

Hypothesis 3: Poverty is not perceived as significant factor responsible for malnutrition among under 5 children in Ogbomosho South Local Government Area.

Table 4: Chi-square analysis showing perception of poverty as a factor responsible for Malnutrition among under 5 children in Ogbomosho South Local Government Area.

S/N	Item	Agree	Disagree	Row Total	Cal. χ^2	DF	Critical Value	Decision
1	Low income earning causes malnutrition	170 (77.3%)	50 (22.7%)	220	118.6	2	5.99	Ho Rejected.
2	Non-availability of food at home may lead to malnutrition	150 (68.2%)	70 (31.8%)	220				
3	Poverty may result in malnutrition	64 (29.1%)	156 (70.9%)	220				
	Column Total	384	276	660				

The findings from the analysis in the table four above shows that calculated chi-square (X^2) value was 118.6 while the table value was 5.99 with degree of freedom (df) 2 at 0.05 level of significance. Since the calculated chi-square value of 118.6 was greater than the table value of 5.99. Therefore hypothesis three was rejected. This means that poverty was perceived as a significant factor responsible for malnutrition among under 5 children in Ogbomoso South Local Government Area.

Discussion of Findings

Hypothesis 1: States that poor breast feeding was perceived as a significant factor responsible for malnutrition among under 5 children in Ogbomoso South Local Government.

The result of the tested hypothesis one showed that poor breastfeeding was perceived as a significant factor responsible for malnutrition among under 5 children in Ogbomoso South Local Government. The result justified the finding of Emily (2005) who asserted that poor breastfeeding and the mother's belief that bottle feeding is the best option for the children can result into malnutrition. The result was also in line with the finding of Ministry of Health Time (2006) that children underweight, stunted growth and muscle waste were as a result of poor breastfeeding.

Hypothesis 2: States that poor diet was perceived as a significant factor responsible for malnutrition among under 5 children in Ogbomoso South Local Government. The result obtained from the tested hypothesis two revealed that poor diet was perceived as a significant factor responsible for malnutrition. This was justified by the assertion of Amella (2004) that failure to eat enough food and balanced diet can lead to malnutrition. Schaible and Kaufmann (2007) equally claimed that six million children died of hunger every year world-wide.

Hypothesis 3: States that poverty was perceived as a significant factor responsible for malnutrition among under 5 children in Ogbomoso South Local Government.

The finding that poverty was perceived as a significant factor responsible for malnutrition was supported by the Grover (2009) who observed that 10 percent of all members of low income household do not always have enough healthful food to eat. Groeneveld, Solomon and Dark (2007) equally asserted that the parents with low income level are likely to have shortfall in food intake and poor feeding services which in turn may lead to malnutrition.

Conclusion

Based on the result of the three tested hypotheses above, the following conclusions were drawn:

1. Poor breast feeding was perceived as a significant factor responsible for malnutrition among under 5 children in Ogbomoso South Local Government. It implies that non- exclusive breastfeeding can result to malnutrition.
2. Poor diet was perceived as a significant factor responsible for malnutrition among under 5 children in Ogbomoso South Local Government. It signifies that inadequate diet could be responsible for malnutrition.
3. Poverty was perceived as a significant factor responsible for malnutrition among under 5 children in Ogbomoso South Local Government. It implies that low income level of the parents can result to malnutrition.

Recommendations

In view of the findings in this study, the following recommendations were made:

1. Nursing mothers are advised to strictly adhere to exclusive breastfeeding for six (6) months as means of preventing malnutrition.
2. Parents should make provision for adequate diet.
3. Government should subsidize the cost of food so that the poor will be able to afford the cost.

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