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INFLUENCE OF MATERNAL EDUCATION ON NUTRITIONAL STATUS OF PRE-SCHOOL CHILDREN IN ILORIN WEST LOCAL GOVERNMENT AREA, KWARA STATE.

GBADEBO, Christiana.T.

08065982341, Christy24ng@gmail.com

ABRAHAM, Moji .O

08034604008, amojisolaoluremi@gmail.com

ADEBAYO, Baliquees.A

08036650627, adexbaeeby@gmail.com.

^{1&3} Department of Home Economics & Food Science Faculty of Agriculture.
University of Ilorin. Kwara State. Nigeria.

² Home Economics Department. Federal College of Education, Kontagora.
Niger State. Nigeria.

Abstract

The study investigated the influence of maternal education on nutritional status of pre-school children (0-5years old) in Ilorin west local government area of Kwara State. Four research questions were raised and two research hypotheses were formulated and tested at 0.05 level of significance. Survey research design was adopted for the study. The population of the study comprised women (and their children) who have children aged 0-5years attending Cottage Hospital and Adewole Clinic and Maternity. A total of one hundred (100) women (nursing parents) and their children constituted the study sample using random sampling technique. The instruments used were questionnaire tagged 'Maternal Education and Nutritional Status Questionnaire (MENSQ) and anthropometric measurement, height and weight were measured and compared with WHO standard values. The instrument had reliability index of .749. Data collected were analyzed using descriptive statistics, frequencies, percentages, mean and standard deviation. The null hypothesis formulated for the study was tested using Pearson Product Moment Correlation. The results revealed that 40% of the children examined had low height for age 23% had a normal height for age while 37.0% had a high height for age. Also, 35.0% had a low weight for age 38.0% had a normal weight for age while 27.0% had a high weight for age. The findings revealed no significant relationship between the level of maternal education and nutritional status of pre-school children in the study area. It was concluded that maternal education does not influence the nutritional status of preschool children. Based on the findings of the study, recommendations proffered among others are that government should endeavour to make provision for women empowerment as this might have significant influence on nutritional status, also more enlightenment programmes should be launched to create awareness on the importance of nutrition and dissemination of information regarding nutritional needs of pre-school children.

Key words: Maternal education, nutrition, nutritional status, preschool children, anthropometric measurement.

Introduction

Food is one of the basic requirements of any living organism to grow and sustain life, but the quality and quantity of nutrients necessary for normal growth and to keep an organism in good health during its life span vary with the age of the organism. Nutrition is the science of food, nutrients and

other substances in food, their action, interaction and balance in relation to health and diseases, and the processes by which the organisms ingest, absorb, transport, utilize and excrete food substances. (Swaminathan, 2005)

Any major deviation in the nutrient intake either in quality or in quantity from its requirement can affect growth and life span in a number of ways particularly in the later period of growth. Abbi, (2003) noted that the most prominent provider of the primary care for children is the women and their understanding of basic nutrition and health measures for time being has a great influence on such care they provide. According to Osman (2009) In all societies women are almost exclusively responsible for food processing, preparation, and distribution. Women give higher priority to the nutritional needs of their families by determining the quantity and quality of food provided on daily basis especially that of the children. Women are responsible for feeding the family and providing dietary variations particularly for the small children and this determines the nutritional status of their household members. Meeting the nutritional requirements of individuals requires appropriate dietary practices, which are strongly influenced by nutritional knowledge and education. Care of infant diet especially from age 0-60 months is essential because mental development takes place at this period. Reduction in the rate of weight and height gain is an indication of malnutrition which may be as a result of ignorance on the part of women who are nursing parents. Ujirio and Idehen (2007) stated that women that receive even minimal education are generally more aware than illiterate mothers on how to utilize available family resources for the improvement of the nutritional status of family members. Thus, children's nutritional status especially from the infancy influence greatly their rapid physical development.

Maternal education refers to women literacy and schooling and is used as a categorical variable based on the total number of years of formal schooling for the mother for instance no formal education, adult literacy, informal education, primary school, secondary school and post-secondary school are examples. Maternal education is likely to enable women to make independent decision that can be accepted by other household members. Such women could have greater access to household resources that are important to nutritional status. The level of education of the mother is likely to determine the nutritional status of the child; this is because mothers with adequate nutritional education can select foods at the right nutritional combination to suit proper family servings.

Mothers' education has a direct effect on the health of the child at birth. In addition, the most educated women are less exposed to traditional norms with negative effects on health and the likelihood of experiencing anthropometric failure is lower among children of educated mothers (Adeladza, 2009). Glewwe (1999) highlights three links through which education may affect child health. First, formal education of mothers directly transfers health knowledge to future mothers. Secondly, the literacy and numeracy skills that women acquire in school enhance their ability to recognise illness and seek treatment for their children. Additionally, they are better able to read medical instructions for treatment of childhood illnesses and apply the treatment. Third, increased number of years in school makes women more receptive to modern medicine. Therefore, maternal education appears to be the determinant with the highest potential of reducing child malnutrition especially in developing countries, with households where a mother has reached secondary education usually associated with children having a lower risk of having low height-for-age.

The nutritional status of any child is his or her health as dictated by the quality of nutrients consumed, and the body's ability to utilize them for its metabolic needs. Growth assessment has been identified as the most important measure for evaluating the health and nutritional status of Under-5 children through anthropometric measurements (Whitehead and Rowland, 2002). The reason for this is that anthropometric indicators of growth not only provide information on health and nutritional status, but is also an indirect measure of the quality of life of an entire population (Shetty and James, 1994). A child is said to have a good nutritional status if he or she shows no evidence of malnutrition, whether open or latent. The age group 0-5 years is a crucial nutritional stage in the growth and development of a child. The growth rate is high; the child is very active and

battles with the issue of autonomy. He is vulnerable to developing protein calorie malnutrition, vitamin deficiencies and childhood infections.

Nutritional status is described as the condition of health of a person that is influenced by the intake and utilization of nutrients (Shils, 2005). It thus amounts to the fact that the body receives all the nutrients in appropriate amounts so as to meet the needs of the body, then the body is said to be in a state of good nutrition. When nutrition is inadequate or not utilized properly, it result in a state of imbalance in the body. Another description observed that nutritional status is the degree to which an individual's physiological needs for nutrients is being met by the food he or she is eating (Berg, Tymoczko, Stryer, 2002). Many authors and researchers in addition noted that the nutritional status of an individual can be affected by several factors, such as the quality and quantity of food they eat, the efficiency of their digestive system in absorbing and utilizing eaten food and biochemical availability etc, which influence the nutritional status of the individual [Barasi, 2003; World Health Organization (WHO) 2011].

Childhood is the most important period in every one's life. Children usually are living with their parents till 5 years old. According to experts opinion age of 0-5 years is the peak when children imitate and learn from their parents. According to this fact good eating habit is formed in early ages of life so any kind of neglect can cause a failure in physical and mental growth of the child. Another threat for the child is malnutrition of protein and calorie. Complications of malnutrition are: shortage of height and weight, decrease of intelligence quotient (IQ), decrease of learning ability and parasitical infection (Barona-Vilar, Escriba-Aguir, Ferrero-Gandia, 2007). Suitable nutrition and mean course needs mother's knowledge and attitude. Unfortunately lack of mother's knowledge and consuming foods with low rate of nutrition causes malnutrition. Ninety percent (90%) of children between 1-5 years and forty seven percent (47%) of 6 month children have malnutrition (UNICEF,1999).Thus it is essential for all mothers to gain knowledge about a healthy diet. A health program has increased average age of society but malnutrition is still one of the most controversial problems in developing countries. The main factor of malnutrition is lack of knowledge which causes poor nutrition and wrong nutrition habits. The mean points are improving eating culture and educating the society. The researcher observed that Women who receive even a minimal education are generally more aware than those who have no education on how to utilize available resources for the improvement of their own nutritional status and that of their families. Education may enable women to make independent decisions, to be accepted by other household members, and to have greater access to household resources that are important to nutritional status (UNICEF, 2013).

Educated women are more self-confident and participate more in household and community decision making. Since women are usually the primary child caregivers of a family in many parts of the world and are responsible for allocating a higher share of household resources to children's' wellbeing, empowerment is likely to result in better health and nutritional status for children. A mother with no knowledge of the basic nutrients, cooking pattern, preservation and serving of foods, may not provide the child the nutrients that provide growth and development. However, educated mothers might provide quality and wholesome foods to family members. Therefore, this study investigated influence of maternal education on nutritional status of pre-school children in Ilorin West Local Government Area.

Purpose of the study

The main purpose of the study was to assess the influence of maternal education on nutritional status of pre-school children

Specifically the study determined:

- the level of education of women who have children age 0-5years attending Cottage Hospital and Adewole Clinic and Maternity.
- the nutritional status of preschool children using anthropometric measurement of height and weight.

- the influence of maternal education on height of the preschool children.
- the influence of maternal education on weight of the preschool children

Research Questions

The following research questions were raised to guide the study:

1. What is the educational level of women who have children age 0-5 years attending Cottage Hospital and Adewole Clinic and Maternity?
2. What is the nutritional status of pre-school children according to their anthropometric measurement of height and weight?
3. How does maternal education influence height of the preschool children
4. How does maternal education influence weight of the preschool children.

Hypothesis

Maternal education will not significantly influence nutritional status of preschool children in Ilorin West Local Government.

Methodology

Population, Sample and Sampling Techniques

Descriptive survey research design was adopted for the study. The population for the study comprised all women (18-25 years and above) who had children aged 0-5 years attending Cottage hospital and Adewole clinic and maternity. Simple random sampling technique was used to select one hundred (100) women and their children for the study.

Instrument for data collection. Two instruments were used for the study and these include; Questionnaire tagged 'Maternal Education and Nutritional Status (MENSQ)' and anthropometric measurement of height and weight.

Responses of each item was rated on a four (4) point likert type scale ranging from one (1) which indicate strongly Disagree to four (4) which indicate strongly Agree. Also, Anthropometric measurement of height and weight was taken for one hundred children (0-5 years) using measuring tape in centimetre (cm) and weighing scale in kilogram (kg) and compared to WHO (2011) standard values.

Validity of Instrument

Maternal Education and Nutritional Status Questionnaire (MENSQ) was validated by the two experts in Home Economics and a statistical analyst all of university of Ilorin. The instrument was pilot tested to determine the reliability coefficient of the instrument. The reliability of the instrument was established with data from 20 women and their children with a similar background who did not participate in the study. The reliability obtained using Cronbach's Alpha coefficient formula was 0.749.

Data Collection: The questionnaires were administered to women (nursing parents) who have children aged 0-5 years attending cottage hospital and Adewole Clinic and Maternity with the help of two (2) trained research assistants.

For anthropometric indices measurement, height of all subjects were measured against a flat surface using a vertical measuring tape in cm, their weight were then taken with light clothing and recorded to the nearest 0.1 kg.

Method of Data Analysis

Data collected was analyzed using the descriptive statistics of frequency and percentages, mean and standard deviation to answer research questions 1- 4, while inferential statistics of Pearson's Product Moment Correlation (PPMC) was used to analyse the hypothesis at 0.05 level of significance.

Results and Discussions

Distribution of respondents by age: Majority of the mothers involved in the study were within the age range of 18-25 years and above. Ninety-seven percent (97%) of the respondents fall into the bracket of 25 years and above, two percent (2%) were between 23-25 years of age while one percent (1%) were between age 18-22. It shows that fifty-two percent (52%) of the preschool children were males and Forty eight percent (48%) were females. The pre-school children involved in the study were within the age range of 0-5 years. Seventeen percent (17%) of the preschool children fall into the age bracket of 0-1 year olds, twenty six percent (26%) were within 1-2 years of age, twenty one percent (21%) were within 2-3 years of age, twenty percent (20%) were within 3-4 years old and sixteen percent (16%) fall within the age bracket of 4-5 years olds. It shows that fifty two percent (52%) of the preschool children were males and forty – eight percent (48%) were females.

Research Question 1: What is the level of education of women who have children age 0- 5 years attending Cottage Hospital and Adewole Clinic and Maternity?.

Table 1: Educational level of respondents

Educational level	frequency	Percentages %
Primary Education	16	16.00
Secondary Education	43	43.00
Post -secondary Education	41	41.00
Total	100	100.00

Table 1 revealed that 16% of the respondents have primary education 43% have secondary education while 41% have post-secondary education; it shows that the level of literacy among the women is high.

Research Question 2: What is the nutritional status of preschool children according to their anthropometric measurement?

Table 2: Mean and standard deviation of height and Weight of preschool children

Age (Years)	Frequency (%)	Mean Height cm	Standard Deviation	Mean Weight kg	Standard Deviation
1.00	4(4)	72.8750	± 5.96343	10.0000	± .00000
1.10	2 (2)	73.0000	± 1.41421	5.4000	± 6.50538
1.30	2(2)	75.7500	± 1.76777	10.0000	± .00000
1.40	1(1)	72.5000	± 1.73746	9.0000	± 1.38653
1.50	8(8)	77.6444	± 3.02081	9.8333	±1.10905
2.00	15(15)	83.0667	± 3.53991	11.3467	±1.38454
2.50	11(11)	88.5455	± 4.41845	11.6273	±1.67696
3.00	13(13)	94.0846	± 6.71824	13.4308	±2.46927
3.20	2(2)	96.0000	± 2.63521	15.0000	±2.03289

3.50	6(6)	97.9167	± 2.74621	15.5833	± 3.29267
4.00	15(15)	99.9000	± 4.55992	15.2667	± 2.04299
4.50	5(5)	103.4000	± 7.54487	15.9000	± 4.09878
5.00	16(16)	108.7188	± 4.60061	17.4000	± 2.16025

Figures in parenthesis are in percentages

Table 2 revealed that across the ages of 1- 5years when compared with the WHO anthropometric standard value, some of the children have a low height for age some have a normal height for age while majority have a high height for age. In the same vain some have a low weight for age, others have a normal weight for age while some have a high weight for age. The details are shown in table 3and 4.

Table 3: Descriptive Statistics Cross-Tabulation for nutritional status of preschool children according to their anthropometric measurement of height.

Age(yrs)	Height (cm)			Total
	Low	Normal	High	
1Year	4(23.5%)	5(29.4%)	8(47.1%)	17(100.0%)
2Years	12(46.2%)	5(19.2%)	9(34.6%)	26(100.0%)
3Years	7(33.3%)	4(19.0%)	10(47.6%)	21(100.0%)
4Years	11(55.5%)	4(20.0%)	5(25.0%)	20(100.0%)
5Years	6(37.5%)	5(31.3%)	5(31.3%)	16(100.0%)
Total	40(40%)	23(23%)	37(37.0%)	100(100.0%)

Table 3 revealed that among the 17(17%) children that are 1year of age 4(23.5%) have a low height for age 5(29.5%) have a normal height for age while 8(47.1%) have a high height for age. Among the 26(26%) children that are 2years of age 12(46.2%) have a low height for age 5(19.2%) have a normal height for age while 9(34.6%) have a high height for age. Among the 21(21%) children that are 3years of age 7(33.3%) have a low height for age 4(19.0%) have a normal height for age while 10(47.6%) have a high height for age. Among the 20(20%) children that are 4years of age 11(55.5%) have a low height for age 4(20.0%) have a normal height for age while 5(25.0%) have a high height for age. Among the 16(16%) children that are 5years of age 6(37.5%) have a low height for age 5(31.3%) have a normal height for age while 5(31.3%) have a high height for age.

Table 4: Descriptive Statistics Cross-Tabulation for nutritional status of preschool Children according to their anthropometric measurement of weight.

AGE(Yrs)	Weight (kg)			Total
	Low	Normal	High	
1Year	2(11.8%)	12(70.6%)	3(17.6%)	17(100.0%)
2Years	7(26.9%)	13(50.0%)	6(23.1%)	26(100.0%)
3Years	6(28.6%)	7(33.3%)	8(38.1%)	21(100.0%)
4Years	12(60.0%)	3(15.0%)	5(25.0%)	20(100.0%)
5Years	8(50.0%)	3(18.8%)	5(31.3%)	16(100.0%)
Total	35(35.0%)	38(38.0%)	27(27.0%)	100(100.0%)

Table 4 revealed that among the 17(17%) children that are 1year of age 2(11.8%) have a low weight for age 12(70.6%) have a normal weight for age while 3(17.6%) have a high weight for age. Among the 26(26%) children that are 2years of age 7(26.9%) have a low weight for age 13(50.0%) have a normal weight for age while 6(23.1%) have a high weight for age. Among the 21(21%) children that are 3years of age 6(28.6%) have a low weight for age 7(33.3%) have a normal weight for age while 8(38.1%) have a high weight for age. Among the 20(20%) children that are 4years of age 12(60.0%) have a low weight for age 3(15.0%) have a normal weight for age while 5(25.0%) have a high weight for age. Among the 16(16%) children that are 5years of age 8(50.0%) have a low weight for age 3(18.8%) have a normal weight for age while 5(31.3%) have a high weight for age.

Research Question 3: How does maternal education influence height of the Preschool children.

Table 5: Descriptive Statistics Cross-Tabulation for maternal education influence on height of the preschool children.

Educational Status	Height (cm)			Total
	Low	Normal	High	
Primary school	9(56.3%)	1(6.3%)	6(37.5%)	16(100.0%)
Secondary school	15(34.9%)	10(23.3%)	18(41.9%)	43(100.0%)
Post secondary	16(39.0%)	12(29.3%)	13(31.7%)	41(100.0%)
Total	40(40.0%)	23(23.0%)	37(37.0%)	100(100.0%)

Table 5 revealed that among the 16(100%) of the respondents that have primary education 9(56.3%) of their children have a low height for age 1(6.3%) of their children have a normal height for age while 6(37.5%) of their children have a high height for age. Among the 43(100.0%) that have secondary education 15(34.9%) of their children have a low height for age 10(23.3%) of their children have a normal height for age while 18(41.9%) of their children have a high height for age. Among the 41(100.0%) that have postsecondary education 16(39.0%) their children have a low

height for age 12(29.3%) of their children have a normal height for age while 13(31.7%) of their children have a high height for age.

Research Question 4: How does maternal education influence weight of the preschool children.

Table 6: Descriptive Statistics Cross-Tabulation for maternal education influence on weight of the preschool children.

Educational Status	Weight (kg)			Total
	Low	Normal	High	
Primary school	8(50.0%)	3(18.8%)	5(31.3%)	16(100.0%)
Secondary school	16(37.2%)	18(41.9%)	9(20.9%)	43(100.0%)
Post secondary	11(26.8%)	17(41.5%)	13(31.7%)	41(100.0%)
Total	35(35.0%)	38(38.0%)	27(27.0%)	100(100.0%)

Table 6 showed that among the 16(100%) that have primary education 8(50.0%) of their children have a low weight for age 3(18.8%) of their children have a normal weight for age while 5(31.3%) of their children have a high weight for age. Among the 43(100.0%) that have secondary education 16(37.2%) of their children have a low weight for age 18(41.9%) of their children have a normal weight for age while 9(20.9%) of their children have a high weight for age. Among the 41(100.0%) that have postsecondary education 11(26.8%) of their children have a low weight for age 17(41.5%) of their children have a normal weight for age while 13(31.7%) of their children have a high weight for age.

To probe further into the result of cross tabulation for research questions three and four (3 and 4), the means scores of the responses of mothers to items on the questionnaire was ascertained and the result is presented in Table 7

Table 7: Mean ratings and standard deviation of respondent on the Influence of Maternal Education on Nutritional Status of the preschool children.

N=100

	Evidence of maternal Education Questions	Agree	Disagree	X	Standard Deviation	Remark
1	Children enjoy better health when properly fed	100 (100.0)	—	3.40	0.49	Agree
2	Well nourished children are more likely to feel good	99 (99.0)	1(1)	3.36	0.50	Agree
3	I never breast fed my child because I want to maintain my shape	2(2.0)	98(98)	1.79	0.50	Disagree
4	Malnutrition or improper feeding is the major cause of child stunted growth or mortality rate	89(89.0)	11(11)	2.90	0.52	Agree
5	I have been involved in nutritional education training about children	93(93.0)	7(7)	2.98	0.35	Agree
6	My baby looks healthy and active	100(100)	—	3.27	0.45	Agree

7	I feed my child large portions of food	14(14.0)	86(86)	1.59	0.73	Disagree
8	I give nutritious snacks to my child between meals	65(65.0)	25(25)	2.74	0.71	Agree
9	I feed my child with six basic nutrients carbohydrate, protein, fat, vitamins, minerals, water.	99(99.0)	1(1)	3.77	0.45	Agree
10	My child does not like food	27(17.0)	73(73)	2.15	1.01	Disagree
11	My child feels tired easily	11(11.0)	91(91)	1.76	0.61	Disagree
12	My baby falls sick frequently	12(12.0)	98(98)	1.68	0.51	Disagree
13	My child or children eat most of their meals outside the home	20(20.0)	80(80)	1.70	0.78	Disagree
14	I prepare my child's food myself	97(97.0)	3(3)	3.96	2.09	Agree
15	I am responsible for feeding my child / children	54(54.0)	46(46)	2.78	0.86	Agree

Source: Field work, 2015 **Figures in parenthesis are in percentages**

The mean (X) of 2.50 was used for the decision. A mean rating of any item by the respondents equal to or above 2.50 was accepted and taken as Agree while any mean rating lower than 2.50 was taken as Disagree.

Table 7 shows the mean distribution of the opinion of mothers on nutritional status of preschool children. The mean response of mothers range from 1.59-3.96 while the standard deviation range from 1.01-2.09. The mothers disagree with items 3,7, 10-13 which implies that mothers have education and knowledge about the nutritional status of preschool children regardless of their level of education for instance the mothers disagree that they never breastfed their children because they want to maintain their shape, they disagree that they feed their child with large portions of food. The mothers also agreed that children enjoy better health when properly fed.

Hypotheses Testing

Hypothesis : Maternal education will not significantly influence nutritional status of Preschool children in Ilorin west local government.

Table 8: Pearson Product Moment Correlation Statistics on the influence of Maternal Education on Nutritional Status of preschool children.

Variables	N	Mean	Standard Dev.	r	Sig.p	Remark
Maternal Education	100	23.01	1.55	.041	.685	Accepted
Nutritional Status		157.18	17.47			

$\alpha=0.05$

Table 8 shows an r value of .041 and a p value of .685, testing at an alpha level of 0.05 the p-value is greater than the alpha level. ($P > 0.05$) therefore the null hypothesis which states that maternal education will not significantly influence nutritional status of preschool children in Ilorin West Local Government of Kwara state is retained. Consequently maternal education will not significantly influence nutritional status of preschool children in Ilorin west local Government of Kwara state.

Discussion of Findings

The educational qualification attained by the respondents indicates a commendable level of literacy which has been stated by Kanyangwa, Hambayi, Mwanaumo, Kasonde, and Range (1999) as a factor that influences decision making as well as widening option for resources acquisition and control.

The results of the nutritional status of preschool children according to their anthropometric status revealed that 40% of the children were stunted i.e less than half of the children surveyed, 23% have a normal height for age and 37% have a high height for age. Also 38% of the children have a normal weight for age 35% underweight and 27% overweight. These results are in agreement with Hart and Atinmo (2002) who observed that the mean anthropometric values of children in urban areas were higher than children in rural areas.

Majority of the mothers agree that children enjoy better health when properly fed, that they have been involved in nutrition education about children and give nutritious snacks to their children between meals, This shows that irrespective of their educational status they are able to take care of their children. This agrees with Capaldas (2003) who stated that educating the women on the special needs of preschool children and utilizing them for child's growth surveillance have been effective in preventing malnutrition. Nutrition information and education are needed so that people can make informed choice about the foods they grow, purchase and eat. More so as revealed in the study, educational status of women does not significantly influence the nutritional status of their children as it was revealed that mothers who attain post secondary education have the highest percentage 16 (39.0%) of children with a low height for age, a low weight for age of 11(26.8%) and a high weight for age of 13(31.7%). This disagree with Adeladza (2009) who stated that the likelihood of experiencing anthropometric failure is lower among children of educated mothers. Also this can be associated with the fact that some educated mothers might not have time to feed their children as a result of work related matters even though they are knowledgeable in nutrition matters, majority left the care of their children in the hands of house helps or nannies. This agrees with UNESCO (1998) who stated that women are often exhausted by the combination of reproductive demands, work load and inadequate diet; a heavy workload for women may lead to a poorer diet not only for their children and member of families but for women themselves.

The result revealed that the level of maternal education does not significantly influence the nutritional status of preschool children with $P>0.05$, This findings disagree with (Dancer and Rammohan, 2009) who stated that mother's education has a large positive influence on the nutrition status of the children.

This result may be because the research was conducted in an urban area where mothers have access to nutrition information and practices even though they have not attained a significant level of education.

Conclusion

It was concluded from the result of the findings that maternal educational is not a major determinant of nutritional status of the children neither does it influence the dietary pattern used for preschool in Ilorin west local Government area of kwara state. Also from the result of the anthropometric measurement, it was concluded that mothers are able to care for their children irrespective of their level of Education.

Recommendations

Based on the findings of the study the following recommendations were made:

1. More enlighten programmes should be created on the importance of nutrition and dissemination of information regarding nutritional need of pre-school children.
2. Inclusion of health knowledge skills in school curricula may lead to substantial improvement in child nutritional status by directly enabling the girls who are future mothers to have an improved health knowledge, practices, and health seeking behavior.

3. Planned and consistent programme of instruction for nutrition education should be undertaken by private and government hospitals to sustain and improve the level of knowledge and nutrition behaviour of pregnant and young mothers in the state.

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