Assessment of Knowledge, Attitude and Practice among Mothers towards Children Malnutrition, and Its Associated factors in Takhti Health Center, Bander-Abbas, Iran, 2016

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Introduction

Although, the burden of malnutrition among children is decreasing, its health problems are continuing in most developing countries. Both underweight and overweight are overwhelming the world over, particularly developing countries. Despite, several factors associated with children malnutrition, maternal knowledge, attitude and practice are key factors that strongly associated with children malnutrition.

Figure 1: Community Health Assessment Team at field work (Takhti Health Center)

Objective

To assess knowledge, attitude and practice among mothers towards children malnutrition and its associated factors in Takhti Health Center, Bander-Abbas

Methods

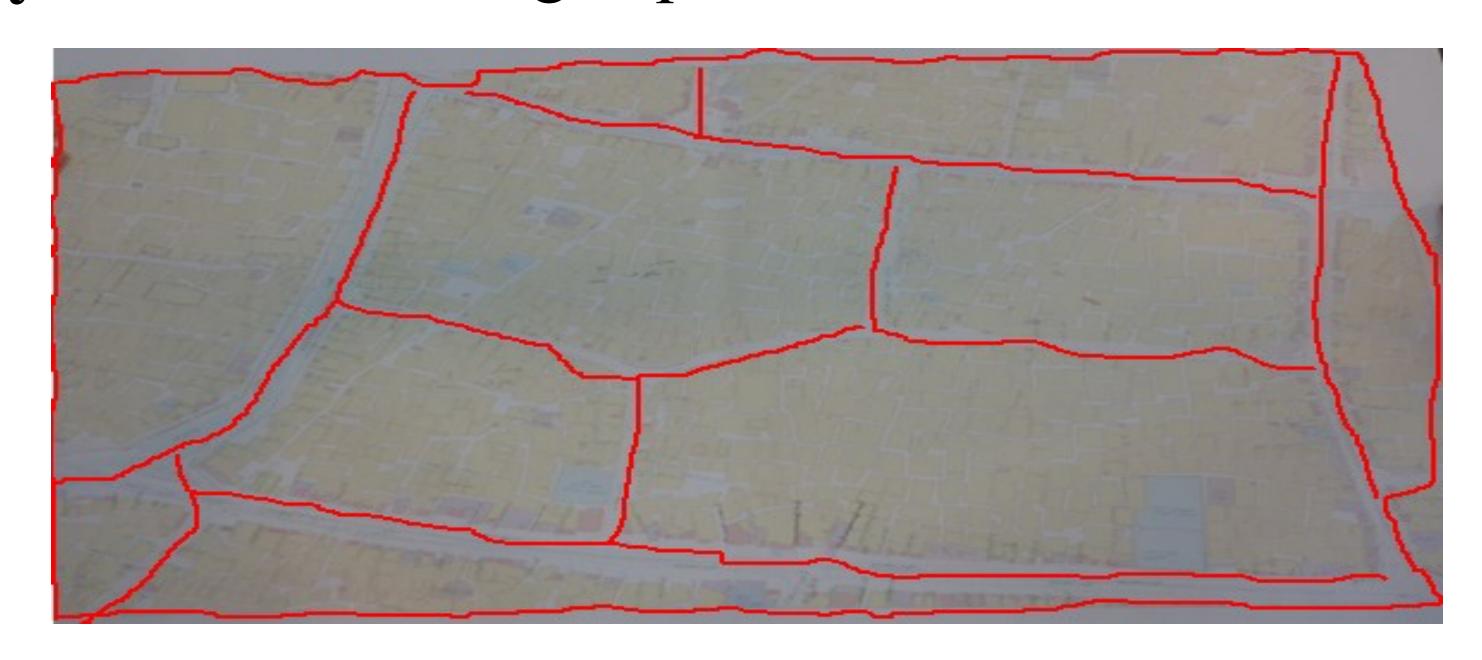**Study Area:** Hormozgan province, Bander-Abbas district Takhti health center

Figure 2: Takhti Health Center Catchment Area Map

Study Design: Community based descriptive and analytical cross sectional study was conducted in Takhti Health Centre, Bandr-Abbas district of Homorgan Provence- Iran, from January to February, 2016. The population of this study was mothers and caregivers who have child/children and residence of the study area. Descriptive statistics, Person chi square and multiple logistic regression were conducted with SPSS ver.20 to assess the association between independent and dependent variables. Three hundred eighty seven mothers who have child/children were interviewed with   structured questionnaire.

Results

The mean age of mothers/caregivers was 33.0(std ± 7.0) years, and the age range was 17 to 54 years. The mean knowledge, attitude and practice scores of mothers/caregivers towards child malnutrition were 9.3 (std ± 3.69), 10.7 (std ± 2.9) and 6.66 (Std ± 1.59) respectively. Majority of participants 85.8%, 87.8% and 80.4% were at high level of knowledge, attitude and practice respectively [Fig 3]. Economic status ($AOR = 2.51, P = 0.016$) and quality of life ($AOR = 2.07; P = 0.034$) were found to be associated with mothers' knowledge level on child malnutrition [Tab. 5]

In another direction, food accessibility ($AOR = 2.06; P = 0.030$) was associated with mothers attitude towards child malnutrition . Moreover, food accessibility ($AOR = 4.11; P < 0.001$) was also, associated with mothers practice towards child malnutrition.

Table 5: Factors Associated with Mothers'/Caregivers' Knowledge, Attitude and Practice towards Child Malnutrition (Multiple Logistic Regression): Bander-Abbas, 2016

Variable		Knowledge		Univariate Results		Multivariate Results	
		Low Score N (%)	Acceptable and High Score N (%)	COR (95% CI)	P-Value	AOR ^{c} (95% CI)	P value
Economic Status	High	44 (81.5)	180 (54.2)	1.00	<0.001*	1.00	0.016*
	Low	10 (18.5)	152 (45.8)	3.72 (1.81 − 7.63)		2.51 (1.19 − 5.33)	
Quality of Life	High QOL	16 (34.8)	166 (55.0)	1.00	0.011*	1.00	0.034*
	Low QOL	30 (65.2)	136 (45.0)	2.29 (1.20 − 4.37)		2.07 (1.06 − 4.07)	
		Attitude					
		Bad N (%)	Good N (%)				
Food Accessibility	Yes	76 (22.6)	261 (77.4)	1.00	0.019*	1.00	0.030*
	No	18 (38.3)	29 (61.7)	2.13 (1.12 − 4.05)		2.06 (1.07 − 3.94)	
		Practice					
		Bad N (%)	Good N (%)				
Food Accessibility	Yes	54 (16.0)	284 (84.0)	1.00	<0.001*	1.00	<0.001*
	No	21 (44.7)	26 (55.3)	4.25 (2.23 − 8.10)		2.14 (7.90)	
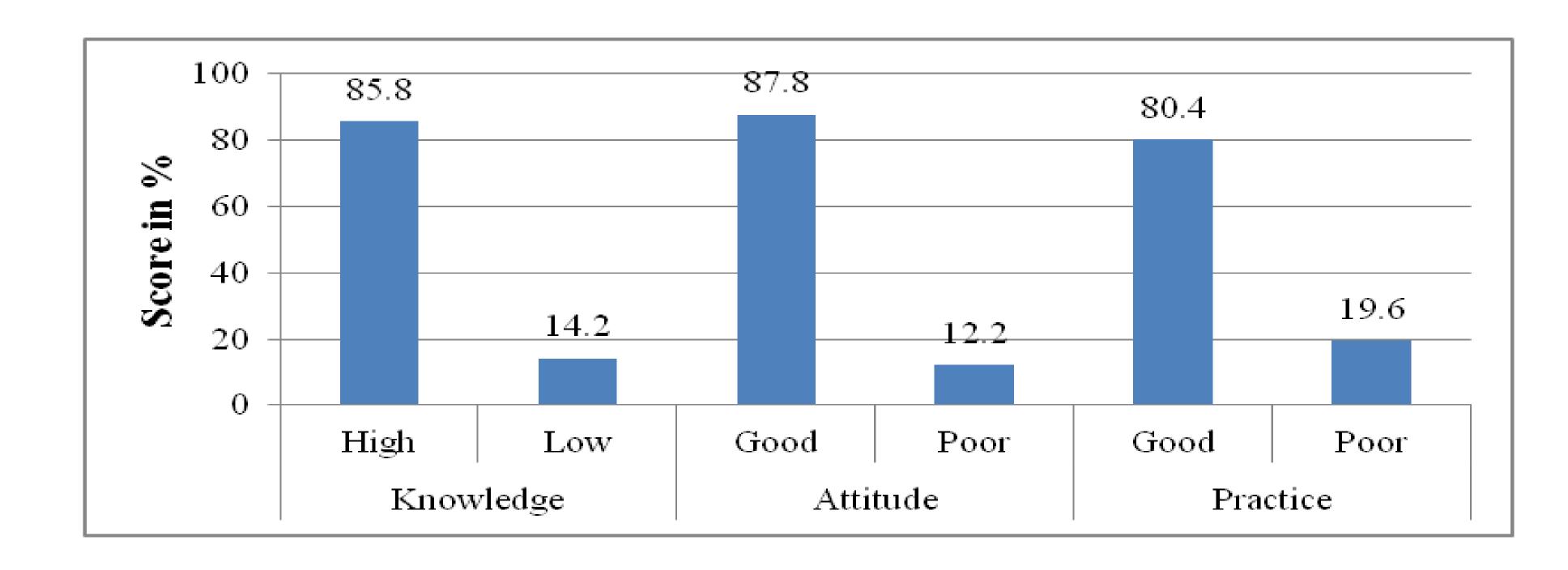
Figure 3: Mean Score of Knowledge, attitude and Practice among mothers towards child malnutrition

Conclusion

Though, the mean scores of knowledge , attitude and practice among mothers/caregivers were fair, mothers with low economic status, poor quality of life and inadequate food should be considered as a target population for intervention. Additionally, large scale study should be implemented to assess the main causes of children malnutrition.