BACKGROUND

• Nutrition is the intake of food, considered in relation to the body’s dietary needs (WHO, 2018). Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity. Malnutrition generally refers to both under nutrition and over nutrition. Child malnutrition is associated with 54% of child deaths (10.8 million children per year) in developing countries (WHO, 2017). Worldwide an estimated 50 million children are wasted (WHO, 2018). In Ghana, 23% of children are stunted and 57% are anaemic (UNICEF, 2019). Child malnutrition is a major setback to cognitive, physical, emotional and social wellbeing.

• The Kouzes-Posner Model of Leadership (2017) was used as a guide in the development and implementation of this change project.

• The setting used was the child welfare clinic of a referral hospital and four satellite clinics in Ghana.

• Ethical approval was obtained from the Scientific Committee of the School of Nursing and Midwifery, University of Ghana.

PURPOSE

To increase the knowledge of mothers on the causes of malnutrition and the use of local foods to prevent malnutrition in children under 5 years.

METHODOLOGY

A cross sectional design was used with the aid of questionnaires to assess the knowledge of 67 mothers with children under 5 years on malnutrition and current complementary feeding practices at the community level, followed by the planning and implementation of the project activities.

RESULTS

• 58.21% of the 67 participants attributed malnutrition to spiritual causes and 90% preferred ready-to-eat complementary foods prior to the training sessions.

• Post test analyses showed 94.8% of the mothers knew the causes of malnutrition as dietary deficiency and 82% were ready to use affordable local foods to prevent malnutrition in their children.

REFERENCES


CONCLUSION

• Early detection, management and prompt referral of malnourished children by health workers is critical for preventing short and long term sequelae of the children.

• Parents of children under 5 years old need continuous education on the causes, signs and symptoms of malnutrition as well as sustainable financial support.

• Cooking demonstrations should be included in health education at the child welfare clinics.

• Feeding challenges of mothers should be addressed at the child welfare clinic and at primary health care levels.

• Regular training of health workers on early detection of malnutrition is important for timely management.

• It is important for interprofessional collaboration to address malnutrition in developing countries.

• The Kouzes-Posner Leadership Model provides valuable guidance for such a quality improvement project.

PROJECT ACTIVITIES

• An interprofessional project team was formed including paediatric nurses, paediatrician, nutritionist and community health nurses.

• Training sessions were conducted for caregivers at 4 different satellite clinics of a referral hospital. A total of 200 caregivers were trained.

• Five demonstration sessions with 50 mothers on food preparation were carried out with the caregivers’ involvement using soya beans, smoked herring fish, palm oil, green leafy vegetables, okro, eggs, sorghum, millet, rice and local fruits.

• 20 community health nurses were trained to identify and refer malnutrition cases appropriately and promptly.

Preventing Malnutrition in Children under 5-years Using Affordable Local Foods at a Referral Hospital, Ghana

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