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Clinical Attendance of Mothers of Malnourished Under-Five Children– A Strategic Factor for Physical Activity Screening

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Abstract

Aim: The purpose of this study was to study Behavioural Regulation Motives of Pediatrics Physical Activity: A Non Communicable Disease Prevention and Control Strategy. **Material and Method**: Reviewed Malnourished Under-Five Children Screening Questionnaire (R-MUCSQ) was the recognised research gadget used in the study. The variables were assessed and calculated using SPSS version 23, with an average mean and standard deviation of 31.5±12.5, and a one hundred percent reply rate, with participants of forty-six (46), extending from19-to-44years using purposive sampling approach among mothers of malnourished under-five children within the New Police Barracks Hospital in Bo with a study population of six thousand eight hundred and thirty (6,830) according to hospital records from2021 to 2022.**Results**: The results show that mothers of under five children – malnourished within the age range of 19-25 were in majority (with 23 respondents) as in tables 1&2.The results also show that mothers of under five children – malnourished within the marital status of married were in majority (with 26 respondents) as in tables 3&4. The results again show that mothers of under five children – malnourished within the academic status regarding illiterate were in majority (with 29 respondents) as in tables 5&6. The results moreover show that mothers of under five children – malnourished within the mothers' job status of housewife were in majority (with 29 respondents) as in tables 7&8 respectively. **Conclusion**: That mothers of under five children – malnourished within the age range of 19-25 were in majority in all variables compared to the other indicators in the study. However, it is therefore recommended that behavioural change communication, immunisation and other clinical attendances by the respondents of all age range be given due attention with respect to clinical attendance of mothers of under five children – malnourished for maximisation of nourishment of under five children by their mothers, caregivers and clinicians for a healthier life of under-fives.

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Introduction

Health nutrition is a key factor in public health education and physical activity. This can relate to frequent clinical visit as a means of responding to anthropometric measurement and appetite test of nutrition and physical activityby mothers of malnourished under five children. According to Bebeley et al., health nutrition and physical activity is a substantial aspect of social functional activities reinforced by human anatomical standing of the musculoskeletal physiques (Bebeley, Foday & Beah, 2022). Nutrition and physical activity associated with anthropometric measurement and appetite test of malnourished under five children is a fundamental screening for admission into therapeutic feeding in upholding balanced physique and mental welfare, targeting normal intake and expenditure of children and adolescents disadvantaged of unwarranted failure (Bebeley, Foday & Baio, 2021).Deficiency of nutrition and physical activity in children and adolescents' strength make up according to Bebeley et al., is a vital record in abnormal interactive purposes ,however, educative and productive development virtually therefore consent children and adolescents to contribute spontaneously in regular incessant engagement in intake and expenditure rendering to their precise inspirations (Bebeley, Conteh & Baio, 2021). Nutrition and pediatrics physical activity, however, according to Bebeley et al., is an indispensable portion among under five children, especially the malnourished in maintaining holistic wellness of the mental, physique and communal, thus conserving the luxury of regular intake and expenditure among children deprived of unwarranted exhaustion (Bebeley, Tucker & Conteh, 2020). Daily response to nutrition and physical activity by children and teenagers according to Bebeley et al., is largely encouraging as compared to grown ups and the elderly in Sierra Leone. However, the anthropometric measurement and appetite test screening of malnourished under five children with or without clinical conditions for therapeutic feeding will greatly enhance growth and sustainable development in under five children through the leadership and administration of a health nutrition and physical activity specialist (Bebeley, Conteh & Laggao, 2020).Lack of nutrition and physical activity amongst children and teenagers according to Bebeley et al., serve as an impediment for luxury owing to non-transmissible ailments identical to overweightness, restlessness, unwarranted weariness and pain. Pain according to Bebeley et al., is a wide spread illness largely due to the inability to engage in normal intake and expenditure, hence can be improved to enhance growth and sustainable development in under five children through the headship and management of a health nutrition and physical activity specialist (Bebeley, Conteh & Laggao, 2020). For the purpose of remedial, health nutrition, appetite test, anthropometric measurement and physical activity it is but imperative to ponder the interactive parameter purposes and features for offspring and teenagers bodily motion as a necessity once it originates towards non-transmissible ailments such as wheezing circumstances (Bebeley, 2016a), cheerless disposition (Bebeley, 2016c) strength spasms, wasting, faintness and supreme oxygen ingesting (Bebeley, 2016b; Bebeley, 2016d; Bebeley, 2015), well-disposed with the pre-requisites of unvarying powertightening and lessening throughout bodily action, as a bureaucratic deliberation in communal well-being edification(Bebeley, Conteh & Gendemeh, 2018; Bebeley, Wu & Liu, 2017c; Tucker, Bebeley & Laggao, 2017). Likewise, well-being possessions, epidemiological facilities, motor-powered assistance drill events, bodily mastery (Bebeley, Conteh & Laggao, 2018; Bebeley, Laggao & Conteh, 2018; Bebeley & Laggao, 2011; Bebeley, Laggao & Tucker, 2017a; Tucker, Bebeley & Conteh, 2017; Tucker, Bebeley& Conteh,2018; Bebeley, Tucker& Conteh, 2019a; Bebeley, Tucker & Conteh, 2019b), rational well-being, mature progressions, well-being edification approach, bodily action, composed and strong mind edchoices (Bebeley, Laggao & Tucker, 2017b; Bebeley, Wu & Liu, 2016b; Bebeley, Laggao & Tucker, 2017c; Bebeley, Wu & Liu, 2016c; Bebeley, Laggao & Tucker, 2017d; Bebeley, Liu & Wu, 2017a; Bebeley, Liu & Wu, 2017b; Bebeley, Laggao & Gendemeh, 2018), relaxation actions, corporal switch to circumvent athletic damages in bodily edification in encouraging bodily action aimed at

cerebral well-being enhancement (Bebeley, Liu & Wu, 2017c; Bebeley, Wu & Liu, 2016a; Bebeley, Wu & Liu, 2017a; Bebeley, Wu & Liu, 2017b; Laggao, Bebeley & Tucker, 2017; Bebeley, Wu & Liu, 2018),remain entirely bureaucratic benchmark in interactive instruction reasons intended for paedology bodily action and communal well-being edification. The purpose of this study is to appraiseclinical attendance of mothers of malnourished under-five children – astrategic factor for physical activity screening in Bo, Southern, Sierra Leone.

Materials and Method

This study purposely sampled forty-six participants (n=46) with a mean and standard deviation age of 31.5±12.5, with a response frequency of one hundred percent, age range in years – nineteen to forty-four(19–to-44), cautiously selected using a purposive sampling approach, among mothers of malnourished under-five children within the New Police Barracks Hospital in Bo with a study population of six thousand eight hundred and thirty (6,830) according to hospital records from 2021 to 2022. Reviewed Malnourished Under-Five Children Screening Questionnaire (R-MUCSQ) was the recognised research gadget used in the study, representing the importance and consistency that upheld the trustworthiness of Cronbach's Alpha Reliability evaluation (0.78), earlier used by Bebeley et al.,(Bebeley, Conteh & Laggao, 2018; Bebeley, Wu & Liu, 2017b). Monitoring, appraisal and corroboration of incessant examinations acquired through a case-by-case basis using the New Police Barracks Hospital provided for by the resource-based examination process, with the census survey processing and entry software encompassed in tablets, smart phones and computers henceforward. Arithmetical Appraisal Gears, such as the Parametric and Non-Parametric Appraisals that adopted the Comparative Investigation Tool, Descriptive Arithmetic and Differential Examinations were used using IBM-SPSSv.23 Statistics to obtain, evaluate and match the findings of significant value $P<0.05$.

Results

The results show that mothers of under five children – malnourished within the age range of 19-25 were in majority (23 respondents) compared to the other indicators as clinical respondents for all indicators sampled, measured and evaluated in the study. That immunisation by the respondents (mostly 19-25 in years) proved to be the highest indicator (with a mean and standard deviation values of 1.26±0.449 with functional value of 2.176 i.e., $F_{2.176}$ significant at 0.126 when sampled with respect to clinical attendance of mothers of under five children – malnourished as indicated in tables one and two respectively.

Table 1. Descriptive Statistics of Clinical Attendance by Age Range of Mothers

Clinical Attendance By Age Range of Mother		Descriptive Statistics Analysis				
		n	*Mean*	*Std. Deviation*	*95% Confidence Interval*	
					Lower	*Upper*
ANC Attendance	19-25 Years	23	1.04	.209	.95	1.13
	26-34 Years	22	1.00	<.001	1.00	1.00
	35-44 Years	1	1.00	.	.	.
Hospital Visit	19-25 Years	23	1.04	.209	.95	1.13
	26-34 Years	22	1.00	<.001	1.00	1.00
	35-44 Years	1	1.00	.	.	.
Immunisation	19-25 Years	23	1.26	.449	1.07	1.46
	26-34 Years	22	1.05	.213	.95	1.14
	35-44 Years	1	1.00	.	.	.

Table 2. ANOVA Statistics of Clinical Attendance by Age Range of Mothers)

Clinical Attendance By Age Range of Mother	ANOVA Statistics Analysis				
	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*
ANC Attendance	.022	2	.011	.489	.617
Hospital Visit	.022	2	.011	.489	.617
Immunisation	.545	2	.273	2.176	.126

The results show that mothers of under five children – malnourished within the marital status of married were in majority (with 26 respondents) compared to the other indicators as clinical respondents for all indicators sampled, measured and evaluated in the study. That immunisation by the respondents (mostly single) proved to be the highest indicator (with a mean and standard deviation values of 1.17±0.383 with functional value of 0.119 i.e., $F_{0.119}$ significant at 0.948 when sampled with respect to clinical attendance of mothers of under five children – malnourished as indicated in tables three and four respectively.

Table 3. Descriptive Statistics of Clinical Attendance by Marital Status of Mothers

Clinical Attendance By	Marital Status of Mothers	Descriptive Statistics Analysis				
		n	*Mean*	*Std. Deviation*	*95% Confidence Interval*	
					Lower	*Upper*
ANC Attendance	Single	18	1.06	.236	.94	1.17
	Married	26	1.00	.000	1.00	1.00
	Divorced	1	1.00	.	.	.
	Widowed	1	1.00	.	.	.
Hospital Visit	Single	18	1.06	.236	.94	1.17
	Married	26	1.00	.000	1.00	1.00
	Divorced	1	1.00	.	.	.
	Widowed	1	1.00	.	.	.
Immunisation	Single	18	1.17	.383	.98	1.36
	Married	26	1.15	.368	1.01	1.30
	Divorced	1	1.00	.	.	.
	Widowed	1	1.00	.	.	.

Table 4. ANOVA Statistics of Clinical Attendance by Marital Status of Mothers

Clinical Attendance By Marital Status of Mothers	ANOVA Statistics Analysis				
	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*
ANCAttendance	.034	3	.011	.501	.683
HospitalVisit	.034	3	.011	.501	.683
Immunisation	.050	3	.017	.119	.948

The results show that mothers of under five children – malnourished within the academic status regarding illiterate were in majority (29 respondents) compared to the other indicators as clinical respondents for all indicators sampled, measured and evaluated in the study. That immunisation by

the respondents (mostly illiterates) proved to be the highest indicator (with a mean and standard deviation values of 1.17±0.384 with functional value of 0.240 i.e., $F_{0.240}$ significant at 0.267 when sampled with respect to clinical attendance of mothers of under five children – malnourished as indicated in tables five and six below.

Table 5. Descriptive Statistics of Clinical Attendance by Academic Status of Mothers

Clinical Attendance ByAcademic Status of Mothers		Descriptive Statistics Analysis				
		n	*Mean*	*Std. Deviation*	*95% Confidence Interval*	
					Lower	*Upper*
ANC Attendance	Illiterate	29	1.00	.000	1.00	1.00
	Literate	17	1.06	.243	.93	1.18
Hospital Visit	Illiterate	29	1.03	.186	.96	1.11
	Literate	17	1.00	.000	1.00	1.00
Immunisation	Illiterate	29	1.17	.384	1.03	1.32
	Literate	17	1.12	.332	.95	1.29

Table 6: ANOVA Statistics of Clinical Attendance by Academic Status of Mothers

Clinical Attendance By Academic Status of Mothers	ANOVA Statistics Analysis				
	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*
ANCAttendance	.037	1	.037	1.734	.195
Hospital Visit	.013	1	.013	.581	.450
Immunisation	.032	1	.032	.240	.627

The results show that mothers of under five children – malnourished within the mothers job status housewife were in majority (with 29 respondents) compared to the other indicators as clinical respondents for all indicators sampled, measured and evaluated in the study. That immunisation by the respondents (mostly students) proved to be the highest indicator (with a mean and standard deviation values of 1.33±0.500 with functional value of 1.920 i.e., $F_{1.920}$ significant at 0.159 when sampled with respect to clinical attendance of mothers of under five children – malnourished as indicated in tables seven and eight respectively.

Table 7: Descriptive Statistics of Clinical Attendance by Job Status of Mothers

Clinical Attendance ByJob Status of Mothers		Descriptive Statistics Analysis				
		n	*Mean*	*Std. Deviation*	*95% Confidence Interval*	
					Lower	*Upper*
ANCAttendance	Housewife	29	1.03	.186	.96	1.11
	Student	9	1.00	.000	1.00	1.00
	Business wife	8	1.00	.000	1.00	1.00
HospitalVisit	Housewife	29	1.00	.000	1.00	1.00
	Student	9	1.00	.000	1.00	1.00
	Business wife	8	1.13	.354	.83	1.42
Immunisation	Housewife	29	1.14	.351	1.00	1.27
	Student	9	1.33	.500	.95	1.72
	Business wife	8	1.00	.000	1.00	1.00

Table 8: ANOVA Statistics of Clinical Attendance by Academic Status of Mothers (N=46)

	ANOVA Statistics Analysis				
	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*
ANCAttendance	.013	2	.006	.284	.754
HospitalVisit	.103	2	.052	2.537	.091
Immunisation	.487	2	.243	1.920	.159

Discussion

The results show that mothers of under five children – malnourished within the age range of 19-25 were in majority as clinical respondents for all indicators sampled, measured and evaluated in the study. And that immunisation by the respondents (mostly 19-25 in years) proved to be the highest indicator when sampled with respect to clinical attendance of mothers of under five children – malnourished. This study is reliably connected to physical activity drive of children and adolescents, which is a communal well-being edification and appraisal examination, epidemiological examination on the effective of children and adolescent physical activity, epidemiological studies of the inspiration of children to bodybuilding, and the inspiration for school going childrenas a community well-being edification study (Bebeley, Tucker, Conteh, 2019b; Bebeley, Conteh & Laggao, 2020; Bebeley, Tucker & Conteh, 2020; Bebeley, Conteh & Baio, 2021; Bebeley, Foday & Baio, 2021; Bebeley, Foday & Beah, 2022). The results also show that mothers of under five children – malnourished within the marital status of married were in majority as clinical respondents for all indicators sampled, measured and evaluated in the study. That immunisation by the respondents (mostly single) proved to be the highest indicator when sampled with respect to clinical attendance of mothers of under five children – malnourished respectively. This study is reliably connected to physical activity drive of children and adolescents, which is a communal well-being edification and appraisal examination, epidemiological examination on the effective of children and adolescent physical activity, epidemiological studies of the inspiration of children to bodybuilding, and the inspiration for school going children as a community well-being edification study(Bebeley, Tucker, Conteh, 2019b; Bebeley, Conteh & Laggao, 2020; Bebeley, Tucker & Conteh, 2020; Bebeley, Conteh & Baio, 2021; Bebeley, Foday & Baio, 2021; Bebeley, Foday & Beah, 2022). The results again show that mothers of under five children – malnourished within the academic status regarding illiterate were in majority as clinical respondents for all indicators sampled, measured and evaluated in the study. That immunisation by the respondents (mostly illiterates) proved to be the highest indicator when sampled with respect to clinical attendance of mothers of under five children – malnourished. This study is reliably connected to physical activity drive of children and adolescents, which is a communal well-being edification and appraisal examination, epidemiological examination on the effective of children and adolescent physical activity, epidemiological studies of the inspiration of children to bodybuilding, and the inspiration for school going childrenas a community well-being edification study(Bebeley, Tucker, Conteh, 2019b; Bebeley, Conteh & Laggao, 2020; Bebeley, Tucker & Conteh, 2020; Bebeley, Conteh & Baio, 2021; Bebeley, Foday & Baio, 2021; Bebeley, Foday & Beah, 2022). The results show that mothers of under five children – malnourished within the mothers' job status regarding housewife were in majority as clinical respondents for all indicators sampled, measured and evaluated in the study. That immunisation by the respondents (mostly students) proved to be the highest indicator when sampled with respect to clinical attendance of mothers of under five children – malnourished. This study is reliably connected to physical activity drive of children and adolescents, which is a communal well-being edification and appraisal examination, epidemiological examination on the effective of children and adolescent physical activity, epidemiological studies of the inspiration of children to bodybuilding, and the inspiration for school

going childrenas a community well-being edification study(Bebeley, Tucker, Conteh, 2019b; Bebeley, Conteh & Laggao, 2020; Bebeley, Tucker & Conteh, 2020; Bebeley, Conteh & Baio, 2021; Bebeley, Foday & Baio, 2021; Bebeley, Foday & Beah, 2022).

Conclusion

That mothers of under five children – malnourished within the age range of 19-25 were in majority compared to the other indicators sampled, measured and evaluated in the study. That immunisation by the respondents (mostly 19-25 in years) proved to be the highest indicator when sampled with respect to clinical attendance of mothers of under five children – malnourished.That mothers of under five children – malnourished within the marital status of married were in majority compared to the other indicators sampled, measured and evaluated in the study. That immunisation by the respondents (mostly single) proved to be the highest indicator when sampled with respect to clinical attendance of mothers of under five children – malnourished.That mothers of under five children – malnourished within the academic status regarding illiterate were in majority compared to the other indicators sampled, measured and evaluated in the study. That immunisation by the respondents (mostly illiterates) proved to be the highest indicator when sampled with respect to clinical attendance of mothers of under five children – malnourished.That mothers of under five children – malnourished within the mothers' job status regarding housewife were in majority compared to the other indicators sampled, measured and evaluated in the study. That immunisation by the respondents (mostly students) proved to be the highest indicator when sampled with respect to clinical attendance of mothers of under five children – malnourished.

However, it is therefore recommended that behavioural change communication, immunisation and other clinical attendances by the respondents of all age range be given due attention with respect to clinical attendance of mothers of under five children – malnourished for maximisation of nourishment of under five children by their mothers, caregivers and clinicians for a healthier life of under-fives. That behavioural change communication, immunisation and other clinical attendances by respondents of all marital range be given due attention with respect to clinical attendance of mothers of under five children – malnourished for maximisation of nourishment of under five children by their mothers, caregivers and clinicians for a healthier life of under-fives. That behavioural change communication, immunisation and other clinical attendances by the respondents of all academic range be given due attention with respect to clinical attendance of mothers of under five children – malnourished for maximisation of nourishment of under five children by their mothers, caregivers and clinicians for a healthier life of under-fives. That behavioural change communication, immunisation and other clinical attendances by the respondents of all job range be given due attention with respect to clinical attendance of mothers of under five children – malnourished for maximisation of nourishment of under five children by their mothers, caregivers and clinicians for a healthier life of under-fives. Hence, according to Bebeley et al, nutrition and physical activity must be well-thought-out as a communal well-being edification policyto encourage psychological well-being in establishments such as the household and learning centres for kids and teenagers, which are essentials to human psychological well-being (Bebeley, Foday & Baio, 2021; Bebeley, Foday & Beah, 2022).

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