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Clinical Attendance of Mothers of Malnourished Under-Five Children– A Strategic Factor for Health Education & Physical Activity Promotion

Samuel Joseph Bebeley, Esther Morlu, Mariama Eva Foday & Nyakeh Daniel Bruce Collier

Abstract

Aim: Clinical Attendance of Mothers of Malnourished Under-Five Children– A Strategic Factor for Health Education & Physical Activity Promotion. **Material and Method**: Reviewed Malnourished Under-Five Children Screening Questionnaire (R-MUCSQ) was the recognized research gadget used in the study. The variables were assessed and calculated using SPSS version 23, with an average mean and standard deviation of 29.5±14.5, and a one hundred percent reply rate, with participants of fifty (50), extending from 15 to 44 years using purposive sampling approach among mothers of malnourished under-five children within the Lyn's Maternity Clinician Bo with a study population of four thousand six hundred and twenty-two (4,622) according to clinic records from 2021 to 2022. **Results**: The results show that mothers of under five children – malnourished within the age range of twenty seven to thirty two in years were in majority. The results also show that mothers of under five children – malnourished within the marital status of married were in majority. The results further show that mothers of under five children – malnourished within the academic status regarding illiterates were in majority. The results also shows that mothers of under five children – malnourished within the mothers' job status of traders were in majority. **Conclusion**: Those mothers of under five children – malnourished within the age range of twenty seven to thirty two in years were in majority in all variables compared to the other indicators in the present study. However, it is therefore recommended that behavioral 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 for maximization of nourishment of under-five children by their mothers, caregivers and clinicians for an improved life of under-fives.

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Samuel Joseph Bebeley, PhD
Njala University Bo Campus School of Education, Department of Health Education & Behavioural Science, Sierra Leone
E-mail: sjbebeley@njala.edu.sl
Esther Morlu, Mariama Eva Foday & Nyakeh Daniel Bruce Collier
Njala University Bo Campus School of Education, Department of Health Education & Behavioural Science, Sierra Leone

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Introduction

Health nutrition is a key factor in public health education and physical activity promotion (Bebeley, Foday, Mbavai & Morlu, 2022).Public health education and physical activity promotion can relate to frequent clinical visit as a means of responding to anthropometric dimension and appetite test of nutrition and physical activity by mothers of malnourished under five children (Bebeley, Foday, Mbavai & Morlu, 2022). Health nutrition and physical activity promotion is a considerable aspect of social functional activities reinforced by human anatomical standing of the musculoskeletal physiques (Bebeley, Foday & Beah, 2022). Accordingly, nutrition and physical activity promotion associated with anthropometric dimension and appetite test of malnourished under-five children are an essential screening for admission into therapeutic feeding in upholding balanced physique and psychological wellbeing, targeting normal intake and expenditure of children and adolescents disadvantaged of unwarranted failure(Bebeley, Foday, Mbavai & Morlu, 2022; Bebeley, Foday & Baio, 2021).Deficiency of nutrition and physical activity promotion in children and adolescents' strength makeup is a vital record in abnormal interactive purposes (Bebeley, Foday, Mbavai & Morlu, 2022).However, education and industrious developments effectively therefore consent children and adolescents to contribute instinctively in regular continuous engagement in intake and expenditure rendering to their precise inspirations(Bebeley, Foday, Mbavai & Morlu, 2022; Bebeley, Conteh & Baio, 2021). Nutrition and pediatrics physical activity, however, is an indispensable portion among under-five children, especially the malnourished in maintaining holistic wellbeing of the psychological, physique and communal, thus conserving the indulgence of regular intake and expenditure among children deprived of undeserved collapse (Bebeley, Foday, Mbavai & Morlu, 2022; Bebeley, Tucker & Conteh, 2020). Daily response to nutrition and physical activity by children and teenagers is largely encouraging as compared to adults and the aged in Sierra Leone (Bebeley, Foday, Mbavai & Morlu, 2022). Still, 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 management and supervision of a health nutrition and physical activity specialist (Bebeley, Foday, Mbavai & Morlu, 2022; Bebeley, Conteh & Laggao, 2020).Lack of nutrition and physical activity amongst children and teenagers serves as an obstruction for indulgence owing to non-transmissible complaints alike to obesity, agitation, unjustified exhaustion and agony (Bebeley, Foday, Mbavai & Morlu, 2022).Agony is a prevalent disease largely due to the incapability to engross in normal intake and expenditure ,hence can be enhanced to boost progress and supportable growth in under five children through the leadership and supervision of a health nutrition and

physical activity specialist (Bebeley, Foday, Mbavai & Morlu, 2022; Bebeley, Conteh & Laggao, 2020). In a resolve for health education promotion, health nutrition, appetite test, anthropometric measurement and physical activity, it is but authoritative to consider the collaborating strictures and topographies for descendants and juveniles physical gesture as an obligation once it initiates towards non-transmissible diseases such as gasping conditions (Bebeley, Foday, Mbavai & Morlu, 2022; Bebeley, 2016a), depressing character (Bebeley, Foday, Mbavai & Morlu, 2022; Bebeley, 2016c) strength twinges, wasting, faintness and supreme oxygen consumption(Bebeley, Foday, Mbavai & Morlu, 2022; Bebeley, 2016b; Bebeley, 2016d; Bebeley, 2015), well-disposed with the rudiments of consistent power contraction and declining throughout physical action, as a administrative debate in communal well-being enlightenment (Bebeley, Foday, Mbavai & Morlu, 2022; Bebeley, Conteh & Gendemeh, 2018; Bebeley, Wu & Liu, 2017c; Tucker, Bebeley & Laggao, 2017).Likewise, wellbeing properties, epidemiological services, motor-powered support tool measures, physical grasp (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),balanced wellbeing, established developments, wellbeing education method, physical activity, calm and determined selections (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), lessening movements, physical adjustment to evade physical damages in corporal education in reassuring physical action aimed at intellectual well being augmentation (Bebeley, Liu & Wu, 2017c; Bebeley, Wu & Liu, 2016a; Bebeley, Wu & Liu, 2017a; Bebeley, Wu & Liu, 2017b; Laggao, Bebeley & Tucker, 2017; Bebeley, Wu & Liu, 2018),continue fully as an administrative benchmark in collaborative education reasons planned for paedology physical action and communal well being education. The purpose of this study is to appraise clinical attendance of mothers of malnourished under-five children – a strategic factor for health education and physical activity promotion in Bo, Southern, Sierra Leone.

Materials and Methods

This study purposely sampled fifty participants (n=50) with a mean and standard deviation age of 29.5±14.5, with a response frequency of one hundred percent, age range in years – nineteen to forty four (19 to 44 years), cautiously selected using a purposive sampling approach, among mothers of malnourished under-five children within the Lyn's Maternity Clinicin Bo with a study population of four thousand six hundred and twenty-two (4,622) according to clinic records from 2021 to 2022.

Research Instrument

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(0.75), previously used byBebeley et al.,(Bebeley, Wu & Liu, 2017b;Bebeley, Conteh & Laggao, 2018; Bebeley, Foday, Mbavai & Morlu, 2022).

Data Collection Technique

Monitoring, appraisal and corroboration of incessant examinations acquired through a case-by-case basis using the Lyn's Maternity Clinic provided for by the resource-based examination process,

with the census survey processing and entry software encompassed in tablets, smart phones and computers henceforward, formally used by (Bebeley, Foday, Mbavai & Morlu, 2022).

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 and Discussion

The results show that mothers of under five children – malnourished within the age range of 27-32 were in majority (with 15 respondents) compared to the other indicators as clinical respondents for all indicators sampled, measured and evaluated in the study. That clinical visit by the respondents proved to be the highest indicator (with a mean and standard deviation values of 1.93±0.258 with functional value of 1.155 i.e., $F_{1.155}$ significant at 0.343 when sampled with respect to clinical attendance of mothers of under five children – malnourished as indicated in Table 1and 2.

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

Clinical Attendance by Age Range of Mothers (N=50)		Descriptive Statistics Analysis				
		n	*Mean*	*Std. Deviation*	*95% CI*	
					Lower	*Upper*
Antenatal Care Attendance	15-20	5	2.00	.000	2.00	2.00
	21-26	10	2.00	.000	2.00	2.00
	27-32	15	1.87	.352	1.67	2.06
	33-38	13	1.77	.439	1.50	2.03
	39-44	7	1.86	.378	1.51	2.21
Clinic Visit	15-20	5	2.00	.000	2.00	2.00
	21-26	10	1.90	.316	1.67	2.13
	27-32	15	1.93	.258	1.79	2.08
	33-38	13	1.69	.480	1.40	1.98
	39-44	7	1.86	.378	1.51	2.21
Immunisation	15-20	5	1.80	.447	1.24	2.36
	21-26	10	1.70	.483	1.35	2.05
	27-32	15	1.87	.834	1.40	2.33
	33-38	13	1.92	.760	1.46	2.38
	39-44	7	1.57	.787	.84	2.30

Note: CI = Confidence Interval

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

Clinical Attendance by Age Range of Mothers (N=50)	ANOVA Statistics Analysis				
	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*
Antenatal Care Attendance	.382	4	.095	.877	.485
Clinic Visit	.560	4	.140	1.155	.343
Immunisation	.729	4	.182	.353	.841

The results show that mothers of under five children – malnourished within the marital status of married were in majority (with 40 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 2.00±0.667 with functional value of 1.021 i.e., $F_{1.021}$ significant at 0.317 when sampled with respect to clinical attendance of mothers of under five children – malnourished as indicated in Table 3 and 4.

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

Clinical Attendance by Marital Status of Mothers (N=50)		Descriptive Statistics Analysis				
		n	Mean	Std. Deviation	95% CI	
					Lower	Upper
Antenatal Care Attendance	Married	40	1.88	.335	1.77	1.98
	Single	10	1.90	.316	1.67	2.13
Clinic Visit	Married	40	1.85	.362	1.73	1.97
	Single	10	1.90	.316	1.67	2.13
Immunisation	Married	40	1.75	.707	1.52	1.98
	Single	10	2.00	.667	1.52	2.48

Note: CI = Confidence Interval

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

Clinical Attendance by Marital Status of Mothers (N=50)	ANOVA Statistics Analysis				
	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*
Antenatal Care Attendance	.005	1	.005	.045	.832
Clinic Visit	.020	1	.020	.160	.691
Immunisation	.500	1	.500	1.021	.317

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

Clinical Attendance by Academic Status of Mothers (N=50)		Descriptive Statistics Analysis				
		n	*Mean*	*Std. Deviation*	*95% CI*	
					Lower	*Upper*
Antenatal Care Attendance	Literate	18	1.89	.323	1.73	2.05
	Illiterate	32	1.88	.336	1.75	2.00
Clinic Visit	Literate	18	1.83	.383	1.64	2.02
	Illiterate	32	1.88	.336	1.75	2.00
Immunisation	Literate	18	1.50	.707	1.15	1.85
	Illiterate	32	1.97	.647	1.74	2.20

Note: CI = Confidence Interval

The results show that mothers of under five children – malnourished within the academic status regarding illiterate were in majority (32 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 1.97±0.647 with functional value of 5.659 i.e., $F_{5.659}$ significant at 0.021 when sampled with respect to clinical attendance of mothers of under five children – malnourished as indicated in Table 5 and 6.

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

Clinical Attendance by Academic Status of Mothers (N=50)	ANOVA Statistics Analysis				
	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*
Antenatal Care Attendance	.002	1	.002	.020	.888
Clinic Visit	.020	1	.020	.160	.691
Immunisation	2.531	1	2.531	5.659	.021

Table 7. Descriptive Statistics of Clinical Attendance by Carrier Status of Mothers

Clinical Attendance by CarrierStatus of Mothers (N=50)		Descriptive Statistics Analysis				
		n	*Mean*	*Std. Deviation*	*95% CI*	
					Lower	*Upper*
Antenatal Care Attendance	Trader	26	1.92	.272	1.81	2.03
	Farmer	4	1.75	.500	.95	2.55
	Student/Pupil	7	1.86	.378	1.51	2.21
	Employed	10	1.80	.422	1.50	2.10

	Unemployed	3	2.00	.000	2.00	2.00
Clinic Visit	Trader	26	1.88	.326	1.75	2.02
	Farmer	4	1.75	.500	.95	2.55
	Student/Pupil	7	1.71	.488	1.26	2.17
	Employed	10	1.90	.316	1.67	2.13
	Unemployed	3	2.00	.000	2.00	2.00
Immunisation	Trader	26	1.81	.491	1.61	2.01
	Farmer	4	2.25	.957	.73	3.77
	Student/Pupil	7	1.14	.378	.79	1.49
	Employed	10	1.80	.919	1.14	2.46
	Unemployed	3	2.67	.577	1.23	4.10

Note: CI = Confidence Interval

The results show that mothers of under five children – malnourished within the mothers' job status trader 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 unemployed) proved to be the highest indicator (with a mean and standard deviation values of 2.67±0.577 with functional value of 3.823 i.e., $F_{3.823}$ significant at 0.009 when sampled with respect to clinical attendance of mothers of under five children – malnourished as indicated in Tables 7 and 8 respectively.

Table 8. ANOVA Statistics of Clinical Attendance by Carrier Status of Mothers (N=50)

Clinical Attendance by Carrier Status of Mothers	**ANOVA Statistics Analysis**				
	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*
Antenatal Care Attendance	.227	4	.057	.505	.732
Clinic Visit	.288	4	.072	.564	.690
Immunisation	6.088	4	1.522	3.823	.009

Discussion

The results show that mothers of under five children – malnourished within the age range of twenty-seven to thirty-two were in majority as clinical respondents for all indicators sampled, measured and evaluated in the study and that immunisation by the respondents (mostly twenty seven to thirty two in years) proved to be the highest indicator when sampled with respect to clinical attendance of mothers of under five children – malnourished. This study proves to support a study conducted by Bebeley et al. on clinical attendance of mothers of malnourished under-five children – a strategic factor for physical activity screening conducted at the Police Barracks Hospital in Bo(Bebeley, Foday, Mbavai & Morlu, 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 proves to support a study conducted by Bebeley et al. on clinical attendance of mothers of malnourished under-five children – a strategic factor for physical activity screening conducted at the Police Barracks Hospital in Bo (Bebeley, Foday, Mbavai & Morlu, 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 proves to support a study conducted by Bebeley et al. on clinical attendance of mothers of malnourished under-five children – a strategic factor for physical activity screening conducted at the Police Barracks Hospital in Bo (Bebeley, Foday, Mbavai & Morlu, 2022).

The results show that mothers of under five children – malnourished within the mothers' job status regarding traders were in majority as clinical respondents for all indicators sampled, measured and evaluated in the study. That immunisation by the respondents (mostly unemployed) proved to be the highest indicator when sampled with respect to clinical attendance of mothers of under five children – malnourished. This study proves to support a study conducted by Bebeley et al. on clinical attendance of mothers of malnourished under-five children – a strategic factor for physical activity screening conducted at the Police Barracks Hospital in Bo(Bebeley, Foday, Mbavai & Morlu, 2022).

Conclusion

That mothers of under five children – malnourished within the age range of twenty seven to thirty two were in majority compared to the other indicators sampled, measured and evaluated in the study. That immunisation by the respondents (mostly twenty seven to thirty two 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 traders were in majority compared to the other indicators sampled, measured and evaluated in the study. That immunisation by the respondents (mostly traders) 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 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 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 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 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 promotion must be well thought-out as a communal wellbeing education policy to encourage psychological wellbeing in establishments such as the household and learning centres for kids and juveniles, which are essentials to human psychological wellbeing (Bebeley, Foday & Baio, 2021; Bebeley, Foday & Beah, 2022; Bebeley, Foday, Mbavai & Morlu, 2022).

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