HIGH INSTITUTE OF NURSING

ASSESSMENT OF MOTHER'S KNOWLEDGE AND PRACTICE AS REGARDS NUTRITIONAL DISORDERS OF CHILDHOOD

THESIS

SUBMITTED FOR PARTIAL FULFILMENT OF THE M. Sc. DEGREE OF PEDIATRIC NURSING.

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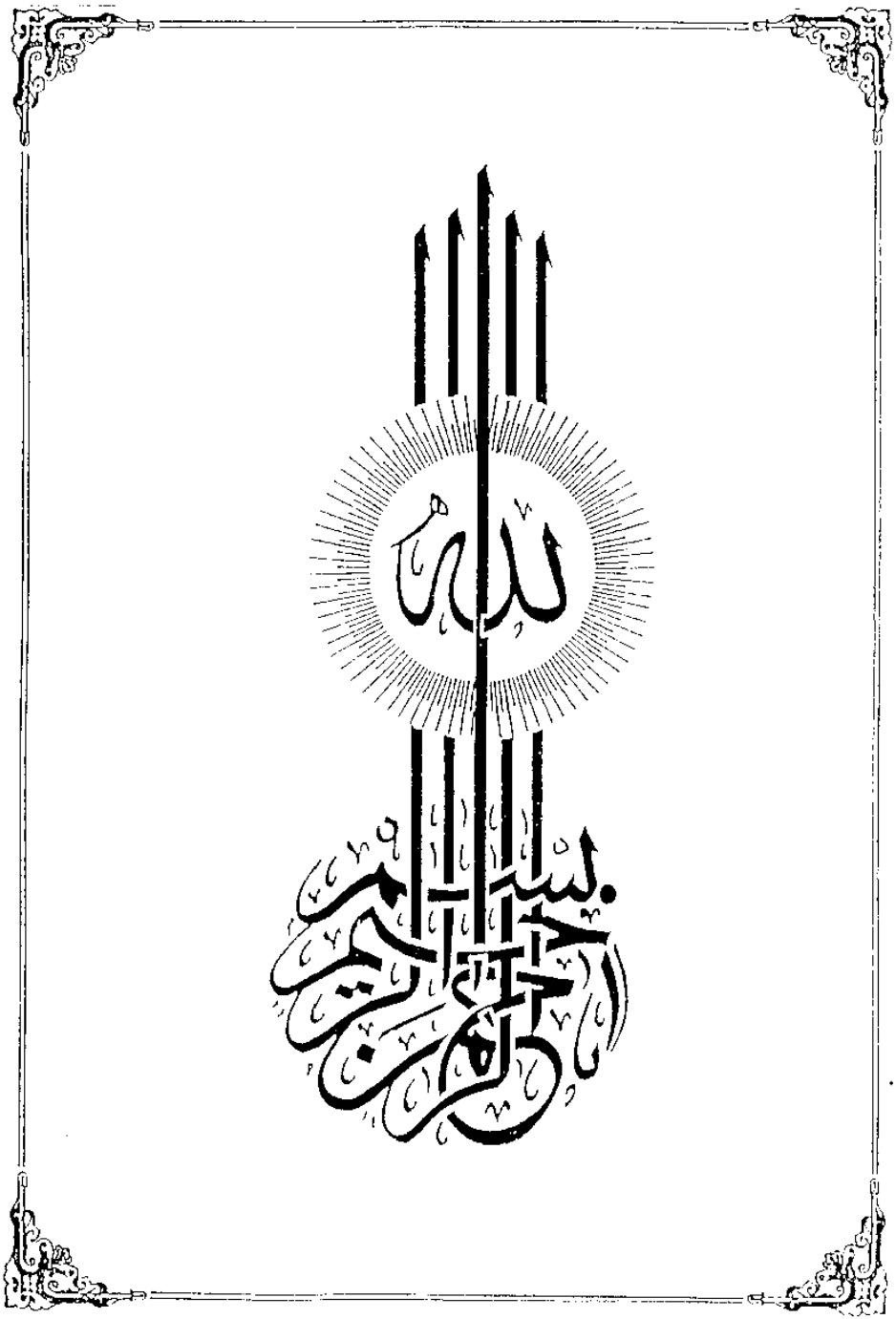

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INTRODUCTION

Introduction :

The world at present has about 4500 million inhabitants, of whom about 1500 million are aged below 15 years. By the year 2000, there will be 500 million more children. Each year about 120 million infants are born, the great majority of which (85%) live in developing countries. Before they are one year old, 10% of these children die, and another 4% die before they are five years old, (Carmeron 1983).

Deficiency diseases occur when energy and nutrients are not provided in a sufficient amount for the body to grow and function normally, (Mahmoud et al 1985).

Sakr et al (1988) stated that malnutrition is a major health problem in developing countries, and in Egypt the prevalence of malnutrition was found to range between 61% - 71% in the age group 0 - 6 years.

Nutritional disorders, observed in the tropics as claimed by Behar et al, (1986), are of primary or dietary origin. He stated that it is the result of starvation in small children who are fed a diet that may be qualitatively adequate, yet very insufficient in the total amounts needed for the satisfaction of the minimal requirements of the rapidly growing child. Energy then becomes the most limiting factor and the child survives utilizing his own tissues to maintain minimum metabolic function as an adaptation mechanism.

Protein-calorie malnutrition, the world's most serious nutritional problem, affects up to 70% of infants and preschool children in developing countries. Millions die annually and millions more will go through life stunted in their physical growth and unable to achieve their potential mental development, (Corinne 1982).

Rickets is a common disease in developing and tropical countries with low standards of living inspite of plentiful sunlight. This was explained by Arneil (1981), to be due to the habitual tendency in such countries to keep children indoors and heavily wrapped in clothes. The situation is even worse when the milk intake is deficient in vitamin D.

The infant with marasmus is exposed to intercurrent infections and high mortality as stated by Meadow et al., (1981).

AIM OF WORK