

MALNUTRITION & ITS IMPACT ON HEALTH STATUS OF PRESCHOOL CHILDREN OF BEED DISTRICT.

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Malnutrition is a serious public health problem (WHO 2016) 47% of Indian children below the age of three years are malnourished or underweight (Shivakumar 2014) and under five are categorised as moderately or severely malnourished (UNICEF 2016). The word bank puts the number probably conservatively at 60 million malnourished in India (Mitra, Tiwari and Ghosh 2014). The UM ranks India in the bottom quartile of countries by under-1 infant mortality (the 53rd highest) and 6th-under 5 child mortality (78 deaths per loco livebirth).

According to CIA fact book 2008, 32 babies out of every 1000 born alive die before their first birth day. (Fact book 2008) Moreover at least half of Indian infant deaths are related to malnutrition, often associated with infectious diseases.

Malnutrition impedes motor, sensory, cognitive and social development. (Health education programmes) stunting and wasting are significant effects of malnutrition. Stunting means chronic malnutrition. Several studies have documented an inverse correlation between stunting, cognitive and physical development in preschoolers and consequently lower intelligence levels in older children and functional impairment in adulthood both in terms of intellectual and physical aspects. (Mata and etal 1983). Wasting seen with acute malnutrition. While stunting has long term implications for adult health and productivity, (Deonis 2000, and Pelletier 1914). Children with severe malnutrition are very susceptible to infection. (Walker and et al 2018) 48% of stunted children live in India, and 450 million children will be affected by stunting in the next 15 years, if current trends continued. The vicious cycle of malnutrition, impaired immune response, increased infections and decreased food intake is well recognized.(Caballero and Maqbool 2013).

According to the Maharashtra government own figures 18;786 children in the age group of 0-6 years have died due to malnutrition this year alone (Jan-August 2011) in 2010, 12,792 children had died of hunger and malnutrition during the same period. Therefore Maharashtra places its 10th in

India in category of “alarming hunger”. (ISHI 2009) Dr. Abhay shukla a researcher from CEHAT, every hour in Maharashtra, there is an avoidable death of one tribal infant, i.e. more than nine out of 100 tribal children die. NNMB study reported that more than 40 lakh children were affected with grade 2 to 4 malnutrition in Maharashtra. The risk of death increases with increasing degree of malnutrition. It is estimated that over 160,000 children die every year from 82,000 in rural areas 23,500 from tribal areas and 56,000 in urban slum areas. Therefore officials attribute the dip scheme in Introduced in the tribal belt, including empowerment of women, tribal crèches, and village adaption schemes. Therefore the following steps are the possible ways to reduction in the incidence of several malnutrition.

Objectives:

- ❖ To study the prevalence of malnutrition among preschool children in rural areas of Beed district.
- ❖ To know the major causes of malnutrition among preschool children in rural areas of Beed district.
- ❖ To study the effect of malnutrition on the growth/ health status of rural preschool children.
- ❖ To assess the nutritional status of rural preschool children of Beed district.
- ❖ To suggest the magnitude and direction of efforts necessary to achieve the objectives of the study in existing and proposed projects.

Methodology:

The present study works have carried out under the following heads.

- **Selection of Areas:** For the present study Beed district have selected.
- **Selection of Sample:** For the above study one hundred twenty rural preschool children in the age of 3 to 5 years have selected from different anganwadies.
- **Selection of Methods:** The following methods were used for data collection.
 1. Socioeconomic survey.
 2. Dietary/Food consumption survey Anthropometrical measurement.
 3. Clinical measurement.
- 1. **Socioeconomic Survey:** A detail socioeconomic survey of all samples was carried out with the help of questionnaires cum interview schedule. The schedule consists of environmental condition, education, occupation, type of family, no of family members, health status of family etc.
- 2. **Food consumption survey:** To assess the nutritional status of rural and urban preschool children, a food consumption/dietary survey for three day will be carried out, with the help of 24 hour recall method by using detail oral questionnaire form, as what and how much food consumed previously.

3. **Anthropometrical Measurement:** For the present study work, among the total no. of samples i.e. 120 samples were selected with the help of purposive sampling technique. For measuring anthropometric 120 rural preschool children were selected from different anganwadies.
4. **Clinical Measurement:** The entire samples were clinically measured with the help of physician.

Result and discussion;

1. SOCIOECONOMIC STATUS:- .OCCUPATION OF THE PARENTS:

Sr. No.	Occupation	Total No. of the sample	Percentage
1	Service	-	-
2	Business	09	15%
3	Labour	41	68.33
4	Farming	10	16.66

2. EDUCATIONAL STATUS OF THE PARENTS:

Sr. No.	Education	Total No. of the sample	Percentage
1	Literate	18	30
2	Illiterate	102	70

The study show that the daily food consumption of different food stuffs by study children.

The food consumption survey was carried out by 24 hours recall method for sixty sample. The nutrients available from the food stuffs were calculated using the food consumption table by ICMR 1998. The result shows that all nutrients were inadequate in the diet of these samples as compared to R.D.A. by ICMR. Observation of the present study show that poverty, lack of knowledge regarding nutrition & burden of works them difficult to get nutrients from different food stuff, which are essential for their normal growth.

3. AGE OF THE RURAL PRESCHOOL CHILDRENS:

Sr. No.	Age in Years	Total No. of sample	Percentage
1	3 to 3.5 yrs.	20	33.33
2	3.5 to 4.0yrs	18	30.00
3	4.0 to 4.5 yrs	16	26.66
4	4.5 to 5.0	06	10.00

The above result show that 33.33%pre school children were in the age of 3.0to 3.5yrs.30 % And 26.66% children were in the age of 3.5 to4.0 yrs. And 4.0 to5.0 yrs. Of age respectively. But only 10%preschool children were in the age of4.5 to 5.0 yrs.

4. ANTHROPOMETRICAL MEASUREMENTS OF PRESCHOOL CHILDREN:

Sr. No.	Age yrs.	Standard study Weight Kg	Presenstudy Mean Weight Kg	Difference Kg	Standard height cm	Present study mean height cm	Difference cm
1	3.0 to 3.5 yrs	14.60	12.90	1.80	94..90	92.80	2.10
2	3.5 to 4.0 yrs.	16.70	14.60	2.10	102.90	100.55	2.35
3	4.0 to 4.5 yrs.	18.70	17.80	.90	109.90	107.60	2.30
4	4.5 to5.0 yrs.	20.00	19.50	.50	113.90	111.90	2.00

The above data show that mean difference in the weight of3.0 to3.5 yrs, preschool Children weigh was 1.80 kg Less as compared to the standard weight. Whereas mean difference in the weight of 3.5 to4.0yrs. Weight Was 2.10 kg less as compared to the standard weight. The mean difference in the weight of 4.0 to 4.5 yrs. Of these children was .90 kg less as compared to the standard weight.

similarly mean difference in the height of 3to3.5 yrs. Children was 2.10 cm less as compared to the standard height. In the age of 3.5 to4.00 yrs& 4.00to4.50 yrs, the mean difference in the height of the study sample was 2.35 cm and 2.30 cm as compared to the standard height respectively. But in

the age of 4.5 to 5.00 yrs. the mean difference in the height of these children was 2.00 cm less as compared to standard height.

5. CLINICAL MEASUREMENT OF PRESCHOOL CHILDREN:

Health problem	No. Of Children	Percentage
Weakness	15	25.00
Cough	10	16.66
Skin disease	05	8.33
Gum problems	10	16.66
Cold	10	16.66
Dental Carries	10	16.68

The clinical data show that the study sample were having the above health problems due to the unawareness, burden of work of parents & low economic status.

Conclusion: It was concluded that unawareness of diet, poverty and heavy load of work are the main responsible factors for prevalence of malnutrition in rural preschool children.

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