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Prevalence of Malnutrition in preschool children of Marathwada region

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Abstract

Children are high hazard populace. Food habit food wellbeing are the most significant variables that decide the strength of a youngster is a full and ordinary stockpile with all the important large scale and micronutrients, nutrients and minerals Michadsen 2003, Gidding and et al 2006, Normy zywienia 2012, Normy zywie2012).Two hundred and fifty preschool children in the age of 3 to 6 years from different district of Marathwada were selected. Nutritional status of preschool children were assessed by anthropometrical , dietary &Clinical measurement. To study the food habit & safety with the help dietary survey& personal hygiene and safety measures maintained by mothers at home. The hygiene level, sanitary condition and microbial quality of food & water, pathological health examination of mothers were assessed with the help of questioner cum interview method. Results of the study show that the nutritional and health status of preschool children was very poor. Food habits acquired during childhood persist into adulthood and form the basis of either good health or ill health, as the case may be, in the coming years. Hence there is a need to educate parents regarding good dietary habits for their children to ensure that they can live healthy and productive lives as adults. An intervention programme of education and imparting training at work places have shown a positive impact to improve the health nutritional status of preschoolers.

Key words: Food Habit, Nutritional Status, Malnutrition, Preschoolers

Introduction:

Children are the important resource of a country. Food is essential for the best possible development and improvement of youngsters. Nourishment is one of the most significant variables that decide the wellbeing of a youngster is a full and standard inventory with all the fundamental large scale and micronutrients, nutrients and minerals Michadsen 2003,Gidding and et al 2006, , Normy zywienia 2012)

The more youthful the kid, the more significant is sufficient, adjusted food for youngster's further advancement and wellbeing, particularly for the initial 3 years of life.

Malnutrition is a genuine general medical issue (WHO 2006) 47% of Indian kids underneath the age of three years are malnourished or underweight (Shivakumar 2004) and under five are arranged as decently or seriously malnourished (UNICEF 2006). The word bank puts the number presumably minimalistically at 60 million malnourished in India (Mitra, Tiwari and Ghosh 2004). The UM positions India in the base quartile of nations by under-1 newborn child mortality (the 53rd most elevated) and sixth under 5 youngster mortality (78 passings perloco livebirth). As per CIA reality book 2008, 32 infants out of each 1000 brought into the world alive bite the dust before their first birth day. (Truth book 2008) Moreover in any event half of Indian newborn child passings are identified with malnutrition, regularly connected with irresistible ailments.

Malnutrition hinders engine, tangible, subjective and social improvement. (Wellbeing training programs) hindering and squandering are noteworthy impacts of malnutrition. Hindering methods ceaseless malnutrition. A few examinations have archived an opposite connection between's hindering, psychological and physical improvement in preschoolers and therefore lower insight levels in more seasoned youngsters and useful hindrance in adulthood both as far as scholarly and physical viewpoints. (Mata and etal 1983). Squandering seen with intense malnutrition. While hindering has long haul suggestions for grown-up wellbeing and profitability, (Deonis 2000, and Pelletier 1994). Youngsters with serious malnutrition are truly vulnerable to disease. (Walker and et al 2008) 48% of hindered kids live in India, and 450 million kids will be influenced by hindering in the

following 15 years, if current patterns proceeded. The endless loop of malnutrition, hindered invulnerable reaction, expanded contaminations and diminished food admission is well recognized.(Caballero and Maqbool 2003).

As indicated by the Maharashtra government claim figures 18;786 kids in the age gathering of 0-6 years have kicked the bucket because of malnutrition this year alone (Jan-August 2011) in 2010, 12,792 kids had passed on of appetite and malnutrition during a similar period. Consequently Maharashtra puts its tenth in India in class of "disturbing yearning". (ISHI 2009) Dr. Abhay shukla an analyst from CEHAT, consistently in Maharashtra, there is an avoidable demise of one innate newborn child, for example more than nine out of 100 travel kids bite the dust. NNMB study revealed that in excess of 40 lakh youngsters were influenced with grade 2 to 4 malnutrition in Maharashtra. The danger of death increments with expanding level of malnutrition. It is assessed that more than 160,000 youngsters kick the bucket each year from 82,000 in rustic territories 23,500 from ancestral zones and 56,000 in urban ghetto zones. Hence authorities quality the plunge plot in Introduced in the innate belt, including strengthening of ladies, inborn crèches, and town adaption plans..

About 35% of infections in youngsters matured under 5 years are related with certain nutritional disordes. WHO assessed that all inclusive in 2012, 162 million kids under five were hindered and 51 million had a low weight-for-stature proportion, for the most part as an outcome of ill-advised encouraging or intermittent diseases while 44 million were overweight or fat. Not many youngsters get nutritionally satisfactory and safe reciprocal foods. Utilization of products of the soil by all youngsters matured a half year – 4 years stayed deficient moreover. In particular, 30% of them didn't eat any vegetables and 25% – any natural products on the overview day (Fox and Reidy 2010).

Taking into account the importance of balanced nutrition in early childhood, its impact on the subsequent formation of the body tissues and maintaining health,.Marathwada is one of the backward area of Maharashtra. The rural population of marathwada is not aware about nutritional disorders. Therefore a study was planned to assess prevalence malnutrition in preschool childrens of marathwada region.

Objectives:

- To study the impact of nutrition education and training programmes on nutritional habits of preschoolers
- To study the health problems of preschool Children of Marathwada region.
- To observe the Nutritional problems of preschoolers of Marathwada region.
- To study the prevalence of malnutrition among preschool children in rural areas of Marathwada region.
- To know the causes of malnutrition among preschool children of Marathwada region.
- To study the effect of malnutrition on the growth of rural preschool children.
- To assess the nutritional status of rural preschool children of Marathwada.

Methodology:

For the assessment of food habits of preschool children of Marathwada region 250 samples were selected from four district of marathwada, i.eAurangabad ,Jalna,Perbhani,Beed. A questionnaire and check list were used to elicit the socioeconomic data. A data was collected on knowledge, attitude and practices in two phases, Before and after imparting education and training on food habits to parents/mothers and preschool children.

To assess the food habits of 250 preschool children of marathwada region were selected. A diet survey was carried out, with the help of 24 hrs. Recall method. For the above survey two schools from each district were selected randomly. A clinical health of preschoolers was assessed with the help of Physician.

Result and Discussion:

The Dietary pattern of preschool children of different anganwadies reveals that the intake of cereals and pulses were quite satisfactory, but their diet were lacking green and other vegetables, i.e. 63% and 53.42% deficient respectively. Therefore the mean nutrient in take were lacking in protein, calcium nutrient.

A majority of the rural preschool children had clinical signs, which may attributed to protein energy malnutrition (PCM), i.e. lustre less skin, and B complex deficiencies. Moreover majority of children facing diarrhoea and digestion problem. i.e. 24% and 12% respectively.

Table No 1 Health problems in preschool children

Health Problems	Total No. of Preschool children	Percentage.
Normal	80	32
Diarrhoea	60	24
Viral fever	30	12
Digestion problem	30	12
Gastric problem	28	11.2
Skin infection	22	8.8

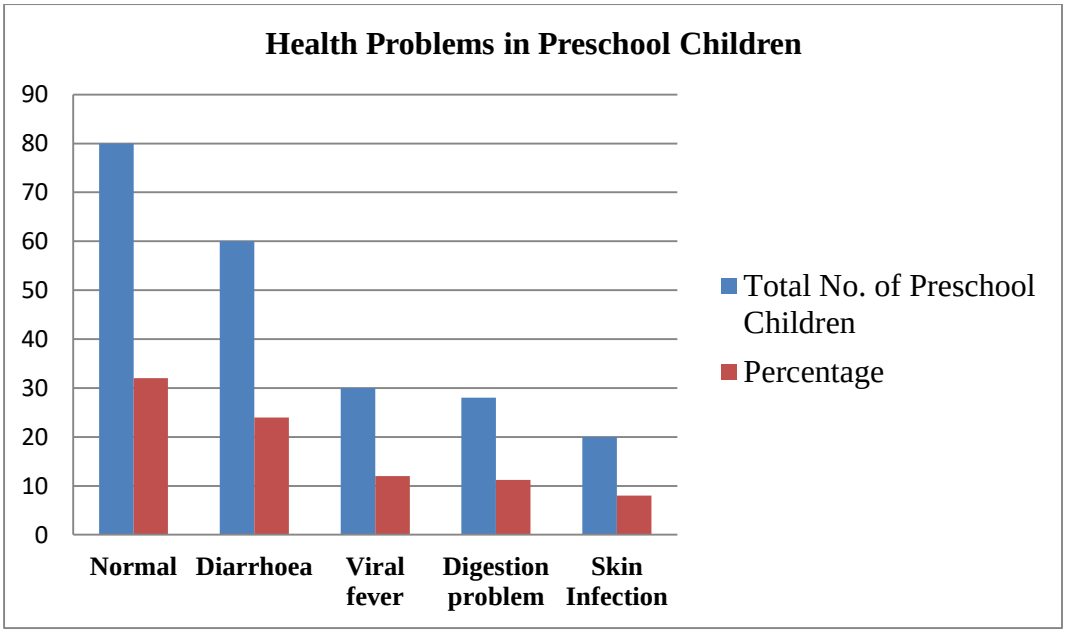
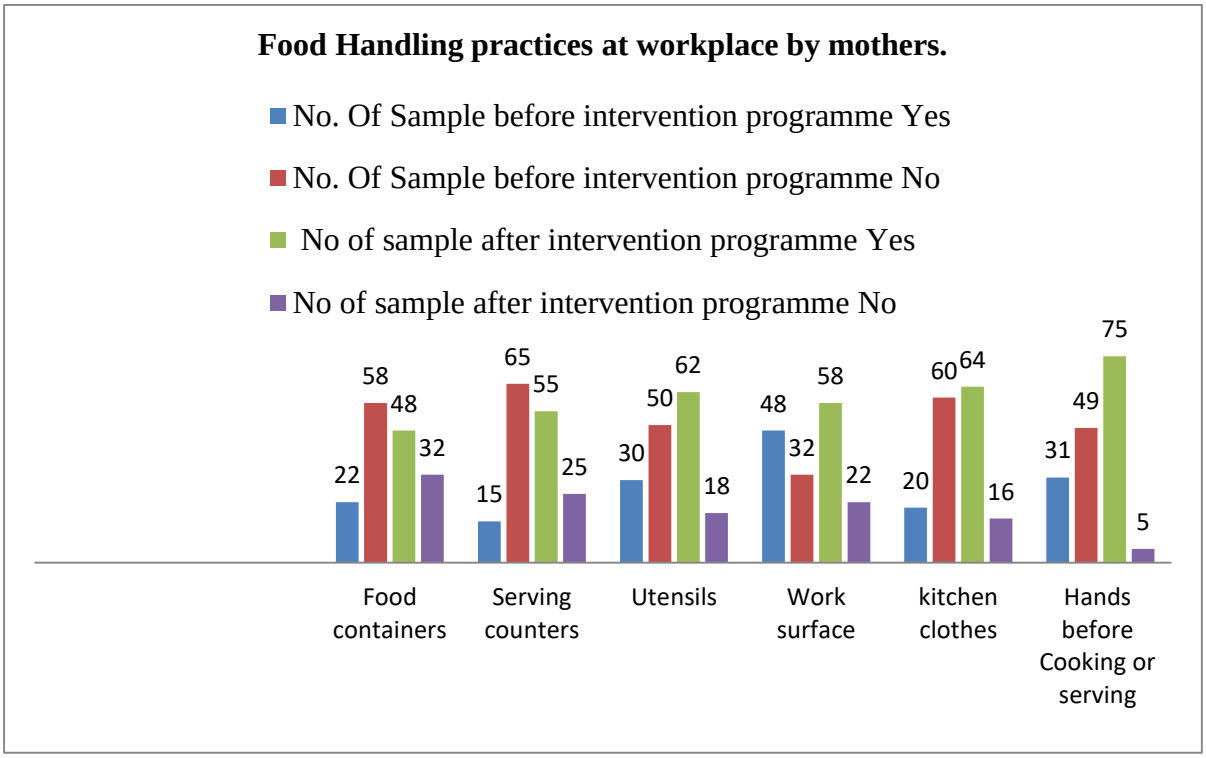


Table No 2 Food Handling practices at workplace by parents.

Sr. No.	Activity (Washing)	No. of Samples before intervention programmes	No of samples ofter intervention programmes

		Yes	NO.	Yes	No
1	Food containers	22(11%)	58(29%)	48(24%)	32(16%)
2	Serving counters	15(7.5%)	65(37.5%)	55(37.5%)	25(17.5%)
3	Utensils	30 (15%)	50 (55%)	62 (31%)	18 (9%)
4	Work surface	48(24%)	32(16%)	58(29%)	22(11.0%)
5	kitchen clothes	20(10%)	60(30%)	64(32%)	16(8.0%)
6	Hands before Cooking or serving	31(15.5%)	49(24.5%)	75(37.5%)	5(2.5%)



The above study result shows that there was a positive impact of education and training on aspect of personal hygiene and safe food handling practices of the parents. The result showed that many of parents were not aware of general knowledge and hygiene practices to follow

During food preparation. An intervention programme of education and imparting training on parents has shown a positive impact on the outcome of the practices of food safety & security.

3. Age of the Rural Preschool Children:

Sr. No.	Age in Years	Total No. of sample	Percentage
1	3to 3.5 yrs.	20	08.00
2	3.5to 4.0yrs	90	36.00
3	4.0t04.5 yrs	80	32.00
4	4.5to 5.0	60	24.00

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 to 5.0 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	Present study Mean Weight Kg	Difference Kg	Standard height cm	Present study mean height cm	Difference cm
1	3.0 to3.5yrs	14.60	12.90	1.80	94..90	92.80	2.10
2	3.5 to4.0yrs.	16.70	14.60	2.10	102.90	100.55	2.35
3	4.0 to4.5 yrs.	18.70	17.80	.90	109.90	107.60	2.30
4	4.5 to5.0	20.00	19.50	.50	113.90	111.90	2.00

	yrs.						

Conclusion:

It was concluded that Nutrition education &intervention programmes has a positive impact on nutritional status of preschool children. Before intervention programme most of the children were facing many health problems but after intervention programme it may improve the health & nutritional status of preschool children.

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