MALNUTRITION AND ITS IMPACT ON HEALTH STATUS OF PRESCHOOL CHILDREN OF BEED DISTRICT OF MAHRASHTRA STATE

Kumar Sunil*

DPE, Dr. Babasaheb Ambedkar Mahavidyalay, Amravati (M.S)-INDIA.
E. Mail: sunilamravati@gmail.com

ABSTRACT

The main objective of the study was to know the Malnutrition and its impact on health status of preschool children of Beed District of Maharashtra State. The present study was taken Beed district of Maharashtra State. 120 rural preschool children were selected on the bases of purposive sampling method. The age group of subjects was 3 to 5 years. The subjects were taken from different Aanganwadi centers. Selection of Methods: The following methods were used for data collection: Socioeconomic survey, Dietary/Food consumption survey Anthropometrical measurement and Clinical measurement. Simple Percentage method was used to analysis of the data. It was concluded that unawareness of diet, poverty and heavy load of work were the main responsible factors for prevalence malnutrition in rural areas of Beed District of Maharashtra State.

Keywords: Malnutrition, Health Status & Preschool Children.

INTRODUCTION

Malnutrition is a serious public health problem **(WHO 2006)** 47% of Indian children below the age of three years are malnourished or underweight (Shivakumar 2004) and under five are categorized as moderately or severely malnourished **(UNICEF 2006).** The word bank puts the number probably conservatively at 60 million malnourished in India **(Mitra, Tiwari and Ghosh 2004).** 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 perloco 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 1994).** Children with severe malnutrition are very susceptible to infection. (Walker and et al 2008) 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 2003).**

According to the Maharashtra government own figures 18;786 children in the age group of 0-6 years have died of 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 10lh 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 travel 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 creches, and village adaption schemes. Therefore the following steps are the possible ways to reduction in the incidence of several malnutrition.

OBJECTIVE OF THE STUDY
Following were the main objectives of the study:-

* To study the prevalence of malnutrition among preschool children in rural areas of Beed District of Maharashtra State.

* To know the major causes of malnutrition among preschool children in rural areas of Beed District of Maharashtra State.

* To study the effect of malnutrition on the growth/ health status of rural preschool Children's Beed District of Maharashtra State.

*   To assess the nutritional status of rural preschool children of Beed District of Maharashtra State.

DESIGN OF THE STUDY

The present study works were carried out under the following heads:-

The present study was taken Beed district of Maharashtra State. 120 rural preschool children were selected on the bases of purposive sampling method. The age group of subjects was 3 to 5 years. The subjects were taken from different Aanganwadi centers. **Selection of Methods:** The following methods were used for data collection.

- Socioeconomic survey.
- Dietary/Food consumption survey Anthropometrical measurement.
- Clinical measurement.

I. 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.

II. 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.

III. 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.

IV. Clinical Measurement: The entire samples were clinically measured with the help of physician.

RESULT AND DISCUSSION

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

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

II. EDUCATIONAL STATUS OF THE PARENTS:

S. N	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 samples. 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.

III. AGE OF THE RURAL PRESCHOOL CHILDRENS:

S. N	Age in Years	Total No. of the sample	Percentage
1	3to 3.5 yrs.	20	33.33
2	3.5to 4.0yrs	18	30.00
3	4.0 to0104.5 yrs	16	26.66
4	4.5to5.0	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 of 4.5 to 5.0 yrs.

IV. ANTHROPOMETRICAL MEASUREMENTS OF PRESCHOOL CHILDREN:

S.N	Age in Years	Standard study Weight Kg	Present study Mean Weight Kg	Difference Kg	Standard height cm	Present study mean height	Difference cm
1	3.0 to3.5yrs	14.60	12.90	1.80	94.90	92.80	2.10
2	3.5to 4.0yrs	16.70	14.60	2.10	102.90	100.55	2.35
3	4.0 to 104.5 yrs	18.70	17.80	.90	109.90	107.60	2.30
4	4.5to5.0	20.00	19.50	.50	113.90	111.90	2.00

The above data show that mean difference in the weight of 3.0 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.

V. CLINICAL MEASURMENT OF PRESCHOOL CHILDRENS:

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 were the main responsible factors for prevalence malnutrition in rural areas of Beed District of Maharashtra State.

REFERENCES

- Cabailero B, Maqbool A, (2004) International Nutrition in Walker WA, Watkins JB, Dugganc, eds. (2003), Nutrition in paediatrics, London: BC Decker Inc. 195-204.
- Deonis M. (2000) Measuring Nutritional Status in relation to mortality, Bull world health organ 78:1271-1214.
- Health education to villages, programmes for Mother and Child nutrition at www.hetv.org/programmes/nutrtion/html
- http://www.cla.gov/library/publication/the-worldfactbook/ rankordery/2091rank.html.
- http://www.un.org/esa/population/publications/wpp2006/wpp2006Highlightrve.pdf.
- India state hunger index (ISHI 2009) report international food policy research institute (IFPRI) Accessed May 16, http:www.ifpri.org/pubs/cp/ishi08.pdf.