

IMPACT OF MALNUTRITION ON HEALTH STATUS OF PRE-SCHOOL CHILDREN'S



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Abstract:

The main objective of the study was to know the impact of malnutrition on health status of pre-school children's. For the study one hundred twenty rural preschool children in the age of 3 to 5 years were selected from different anganwadies. Selection of Methods: The following methods were used for data collection: Socioeconomic survey, Dietary consumption survey Anthropometrical measurement & Clinical 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 statistical analysis the percentage method was applied on 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.

Keywords: Malnutrition, Health Status & Pre-school Children.

Introduction:

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). 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.

Methodology:

For the study one hundred twenty rural preschool children in the age of 3 to 5 years were selected from different anganwadies. Selection of Methods: The following methods were used for data collection: Socioeconomic survey, Dietary consumption survey Anthropometrical measurement & Clinical 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. Clinical Measurement: The entire samples were clinically measured with the help of physician.

Result and Discussion;

Table: 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

Table: 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 samples. The nutrients available from the food stuffs were calculated using the food consumption table by ICMR 1998.

Table: 3
Age of the Rural Preschool Children's

Sr. No.	Age in Years	Total No. of 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 of4.5 to 5.0 yrs.

Table: 4
Anthropometrical Measurements of Preschool Children's

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 toS.O yrs.	20.00	19.50	.50	113.90	111.90	2.00

The above data show that mean difference in the weight of 3.0 to 3.5 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.

Table: 5
Clinical Measurement of Preschool Children's

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.

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