

Assessment Of Nutritional Status And Dietary Intake Of Pre-School Children In An Urban Pocket

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Citation

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Abstract

Nutrition of preschool child is of paramount importance, because the foundation for life time health, strength and intellectual vitality is laid during that period¹. The pre-school children constitute about 15% of the total population and account for 40% of the total deaths in India. This age group is notoriously fraught with the risk of protein energy malnutrition². Keeping this in view the present study was carried out.

MATERIAL & METHODS

The present study was conducted during April-June, 2006 in an urban pocket of Rohtak city which falls in the field practice area of the department of Social & Preventive Medicine, Postgraduate Institute of Medical Sciences, Rohtak. The data was collected by making house to house visits. Visits were as well made to the Anganwadi centres (AWCs) in the study area to observe the supplementary nutrition component of the ICDS service package. Out of a total of 20 AWCs in the area looked after by the department, 5 were selected by simple random sampling.

1-3 years old children in these AWCs, totaling 408, formed the study sample. Children under one year were not included because they were predominantly breast fed. The information was collected from mothers using a pre-tested semi-structured schedule recording their age, sex, birth order, mother's literacy and father's occupation. Dietary intake of children was elicited using 24 hours recall method. The study group children were weighed by the Investigator using Salter Weighing Machine³. Categorization for malnutrition was done by growth chart used in the ICDS scheme. The data collected was analyzed and subjected to suitable statistical tests.

RESULTS

{image:1}

{image:2}

As shown in table-I, 48.7% of children were malnourished with 33.2% falling in grade-I, 14.3% in grade-II and the rest

in grade-III. These findings are in conformity with the observations reported in the urban slums of other parts of the country.^{4, 5}

Table-II reveals that grade-I malnutrition was more common in boys while grade-II and grade-III malnutrition was significantly higher in girls ($p < 0.001$) meaning thereby that girls are more prone to have malnutrition. Ray SK et al observed similar findings in their study ⁶.

{image:3}

Literacy of mother displayed a significant ($p < 0.001$) inverse relationship with malnutrition being highest (70%) among children whose mothers are illiterate.

{image:4}

Father's occupation also had a statistically significant bearing on the nutritional status of the child ($p < 0.005$), the maximum prevalence of malnutrition (61.2%) being among children of labourers.

{image:5}

A significant association ($p < 0.001$) was observed between birth order and the nutritional status of the child. Highest prevalence of malnutrition (76.2%) was observed in children with birth order 4 and above.

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As for the dietary intake, the study revealed that the caloric and protein intake was significantly ($p < 0.001$) lower among malnourished children (Table-VI & VII). The caloric intake was less than 80% of RDA among 82% of children and the protein intake was less than 80% of RDA among 93.1% children.

DISCUSSION

Inadequate food intake adversely affects the growth and nutritional status of growing children particularly those from the disadvantaged sections of the community. Being the most vulnerable segment of the population, the pre-school children are at greatest risk of malnutrition since the growth demands high intake of calories and proteins.

48.7% children aged 1-3 years were malnourished. This finding is in conformity with observations reported in the urban population of other parts of the country^{4,5}.

Haryana state with an adverse sex ratio of 826 among 0-6 years old children reflects the mindset of the community against the female child⁷. Better child-rearing among male children is of noticeable nature in our society⁸. This preferential treatment was also confirmed in the present study where grade-II and grade-III malnutrition was significantly higher in females. Awasthi S et al reported similar findings⁵.

Contribution of birth order (too many children), maternal illiteracy and father's occupation (labourer) have all compounded effects in increasing malnutrition. Similar associations were also reported by Melville B et al⁹.

It implies that improvement in education, especially female literacy, and adoption of small family norm are two main socio-demographic determinants which would go a long way in reducing malnutrition.

The results of this study revealed a significant association ($p < 0.001$) between low intake of calories and proteins in diet and the prevalence of malnutrition. Melville B et al had similar observation⁹. It was also observed in this study that 83.7% of children took away their supplementary nutrition from the AWCs to their houses, and 88.1% of these children shared this food with other family members.

Integrated Child Development Services Scheme (ICDS) has laid more stress on detection and reporting of malnutrition

by weighing children, rather than preventing malnutrition through supporting mothers and building their capacities¹⁰. This latter component has to be emphasized. It should also be ensured that the supplementary food be consumed by children at the Anganwadi itself.

A novel innovative strategy of adoption of 4 malnourished children by Anganwadi worker (AWW) on 3 monthly rotation basis has been started in certain ICDS blocks. The AWW prepares a dietary menu for the malnourished child looking into the socio-economic status of the family and imparts dietary education to mothers. This move appears to be a genuine step in the goal for reduction of malnutrition by 50% by the year 2010¹¹.

Prevention and treatment of malnutrition in essence should be community based. Best nutrition experts are in the community-the mother, the parents and the women.

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