

The Nutritional Status of the Tribal Children in Raisen Districts

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ABSTRACT

Every man, women and child has the inalienable right to be free from hunger and malnutrition. The nutrition among children under five years of age is alarming in Raisen district. There has been an improvement in the nutritional status indicators over the last two decades. But still, the present situation is quite alarming. The present study identified that the determinants of under nutrition in Raisen district are multi factorial.

Key Words : Malnutrition, Poverty Illiteracy Starvation Tribals Raisen district

INTRODUCTION

The National Family Health Survey-4 for India revealed that 7.5 per cent of all children under-five years of age are severely wasted (weight-for-height). With appropriate nutritional and clinical management, many of such deaths can be prevented (Government of India, 2011). Strong evidence exists on synergy between under nutrition and child mortality due to common childhood illnesses including diarrhoea, acute respiratory infections, malaria and measles. From the perspective of health sector, the most important intervention is promotion of appropriate infant and young child feeding and nutrition practices and related maternal under nutrition (National Family Health Survey 4 (NFHS 4) of India). Malnutrition among children is actually a manifestation of many other socio-economic and cultural factors.

The common nutrition problems that were identified protein-energy malnutrition, micronutrient deficiencies (Vitamin A, iodine, and iron), and diet-related non-communicable diseases. In the study to identify some of the demographic, socio-economic and health-related factors that may be contributing to the occurrence of the condition of underweight among children less than 5 years of age in the Raisen district. The basic problem of the tribal people of Raisen district is poverty. The problems of low standard of living, hunger, starvation, malnutrition,

agricultural illiteracy, disease, poor sanitary and housing facilities, etc. are serious compared to the non-tribals (UNICEF-WHO-World Bank Joint Child Malnutrition Estimates, 2017; Gross and Webb, 2006; Lemons *et al.*, 2001 and Sheopur Census of India, 2011).

METHODOLOGY

Study design and participants:

The study was conducted at Raisen district fieldwork done during the period of 2020 -2021.

The sarpanch of the Panchayat of the village had been contacted before the purpose of study explained briefly to the tribal's and parental consent was obtained for collecting the tribal children information. One hundred tribal households were selected by snowball method of sampling technique (Debabrata, 1998). All children in the age group of 1-5 years were included for the assessment of nutritional status.. Height was measured to the nearest 0.1 cm using an anthro pometerrod and weight was measured by an electronic portable weighing scale to the nearest 0.5 kg. They were screened for clinical signs and symptoms by the Physician and these were recorded. Data were processed and analysed using the soft ware statistical program for social sciences - version15. Chi-square test was used to assess an association between two categorical variables. Student t-test was used to find the difference between means of two quantitative

Age in months	Male	Female	Weight for age % Below-3D	Weight for height % Below-3D	Height for age % Below-3D
6-10	57	42	26.6	4.6	29.4
11-20	97	73	28.2	7.7	30.3
21-29	97	79	16.3	3.7	19.8
30-39	96	96	18.5	3.9	20.5

variables.

Methods of measurements for malnutrition:

Weight:

One of the ways to weight baby/ child is by using the UNICEF electronic scale. In this method, mother and child will have to be weighed concurrently. The child should wear minimal clothing. The mother stands on the scale with her baby and the weight is recorded to one decimal placement .Someone nearby then holds the child and the mother stands on the scale again without child. The mother's weight is recorded. The difference is then determined

Weight for height:

This measurement shows the body weight in relation to the height of an individual. The advantage of this measurement is that it is not necessary to know the child's age. However, it cannot be substituted for the weight for age. Because these indices have different meanings, we can't use them interchangeably though they may have similar determinants.

Height for age:

This is a linear growth measurement of a child. Length and stature are used for the height for age based on the way of measurement. If there is shortfall on height for age, it designates continuing growing insufficiency of health or nutrition.

Poverty:

Poverty is an established cause of malnutrition. Malnutrition is highly prevalent in the places where the people are struggling with severe poverty. The World development Report shows that the countries with low GNP per capita have a high prevalence of under weight children. "The evaluation shows that child malnutrition as poverty indicator to assess the fulfilment of socio-economic development goals and targets is conceptually sound and is more practical.

RESULTS AND DISCUSSION

Information on age and sex distribution of the selected children is given in the Table 1.

Malnutrition is among the four leading causes of child mortality around the globe WHO (2013) reported malnutrition was linked to 45% of all childhood deaths In the present study.

Approximately half of fathers of the selected tribal children were illiterates whereas 28 and 12 per cent of fathers had primary and secondary level education, respectively The value of .Minimum number of fathers educated upto higher secondary level education. Majority of mothers (90 %) were illiterates followed by 28 and 9 per cent of mothers studied upto primary level education, respectively (Debabrata, 1998; Biswas and Kapoor, 2003; (Indian Council of Medical Research, Hyderabad <http://www.ninindia.org/DietaryGuidelinesforNINwebsite.pdf>).

The mean height and weight of the selected tribal children aged from one to 05 years along with the standard deviation and the reference standards of ICMR values corresponding to the age. Statistical analysis revealed that the mean height of the selected tribal children was significantly less when compared with reference values of boys and girls whereas no significant difference was found in the age group of 6-20 and 21-39 months boys and girls. On the other hand, the mean weights of both boys and girls were significantly lower than reference values (Infant and Young child feeding guidelines 2016 and Taneja *et al.*, 2012).

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