

Descriptive Study to Assess the Growth and Nutritional Status of Primary School Going Children in Selected Rural Area

Dr. Ravindra HN¹ MR. AMIT S.BHAGORA², MS. GAYATRI B.BHARWAD³, MR. VIKAS J.BHOYE⁴

Abstract

Background: Children are the country's most important human development investment. Schoolchildren's quality of life continues to be poor by all measures, particularly in rural areas and urban slums. Since a result, assessing the nutritional status of children is critical, as it is a key indicator of the nation's investment in the development of its future workforce. Nutritional status in childhood is a significant predictor of nutritional and health status in adulthood. Undernutrition and micronutrient deficiencies continue to be serious public health issues around the world, especially in India. As a result, this section's comprehensive health care will meet the health needs of these vulnerable groups.

Methods: In this present study the investigator wish to assess the nutritional status of school going children's (8-12yrs) through quantitative approach, the research design will be a non-experimental research design to observe the physical growth and nutritional status and its relationship. Setting of the study is from various primary schools.

Result: Result regarding Nutritional status revealed that 40% of students have good nourishment, 50% have malnourishment and 10% have poor over nourished regarding higher education and Attitude score represents that 45.59% had favourable attitude and 30% had unfavourable attitude towards higher education.

Keywords: Nutritional profile, School children, Stunting, Wasting

INTRODUCTION

Children are the country's most important human development investment. Schoolchildren's quality of life continues to be poor by all measures, particularly in rural areas. Undernutrition and micronutrient deficiencies continue to be serious public health issues around the world, especially in India. ⁴ As a result, this section's comprehensive health care will meet the health needs of these vulnerable groups. ⁵ School-aged children have not gotten the same level of attention from health practitioners and planners as children under the age of five. It was agreed at an international workshop in Kentucky, USA, in 1994 that there was a scarcity of information on

the health status of school-aged children from poor nations, particularly at the community level. Children under the age of five are given priority treatment through various maternity and child health programmes, but children from five to fifteen are overlooked. [6] School health services provide an excellent platform for detecting and treating health concerns early on. Stunting affects at least 170 million children. This means that they are not just too short for their age, but they are also more likely to start school later and perform poorly academically. When they grow up, stunted youngsters are expected to earn 20% less than their peers. 7 Children in the poorest countries are twice as likely as their wealthier counterparts to be chronically malnourished. 8 Children's lives have already been saved in significant numbers. Stunting affects at least 170 million children. This means that they are not just too short for their age, but they are also more likely to start school later and perform poorly academically. When they grow up, stunted youngsters are expected to earn 20% less than their peers. 7 Children in the poorest countries are twice as likely as their wealthier counterparts to be chronically malnourished. 8 Children's lives have already been saved in significant numbers. India has the world's highest percentage of malnourished children. 10 In India, over 1.83 million children die before reaching their fifth birthday each year, the majority of them die as a result of preventable causes. 11 India's stunted children account for 48% of the population. 12 Despite a 50% growth in GDP since 1991, India is home to more than a third of the world's hungry youngsters. India, a lower middle-income country, has an alarmingly high stunting rate of 48%, albeit there is significant variance within states.

In Malnutrition was predicted to be prevalent in roughly 50% of the population in prior studies. Using the formula $n = 4pq/d^2$, the sample size was calculated. The sample size is n, the prevalence is p, the q is (1-p), and the precision is d.

Inclusion criteria

- Children enrolled in registers of Schools
- Children studying in primary school from I to V standards.
- Children in the age group of 6 to 11 years.

Exclusion criteria

- Children who were unreachable in spite of two school visits.
- Children and parents who were unwilling to consent or co-operate with the study.

Children were interviewed during school and examined in classrooms with the assistance of teachers. For absentee students, two visits were made to locate them in the school. Predesigned pretested proforma was used for the study.

Result

TABLE – 1:- This section deals with the description of demographic variable characteristics of students & has been presented in form of frequency & percentage. (Total sample= 50)

Sample characteristics	Category	Frequency	Percentage (%)
Age	8-9 year	13	26.0
	9-10 year	13	26.0
	10-11 year	15	30.0
	11-12 years	9	18.0
Sex	Male	30	60.0
	Female	20	40.0
Religion	Hindu	25	50.0
	Muslim	14	28.0
	Christian	6	12.0
Types of school	Government school	24	48.0
	Private school	26	52.0
Types of family	Nuclear family	13	26.0
	Joint family	19	38.0
Education of mother	Illiterate	16	32.0
	Primary	11	22.0
	High school	13	26.0
	Intermediate	8	16.0
	Graduate	2	04.0
	Post graduate	9	02.0
Occupation of mother	Professional	11	22.0
	Nonprofessional	8	16.0
	Housewife	3	06.0
Birth order of the child	First	16	32.0
	Second	12	24.0
	Third	12	24.0
Socioeconomic status	Low socioeconomic status	25	50.0
	High socioeconomic status	25	50.0
Dietary habits	Vegetarian	13	26.0
	Non Vegetarian	7	14.0

	Mixed		
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AGE (IN YEARS): shows that highest percentage (30%) of students were in the age group of 10-11 years. The students between age group 9-10 years are of (26%) 8-9 years are of (26%) were in the age group of 11-12 year (18%).

GENDER: Above mentioned table shows that majority of samples belong to the Male category (60%) whereas 40% belongs to Female category.

RELIGION: Above mentioned table shows that majority of samples belong to the Hindu (50%) whereas (28%) belong to Muslim and Christian (12%).

TYPE OF THE SCHOOL: Above mentioned table shows that majority of samples belong to the Government school (48%) whereas (52%) belong to Private school.

EDUCATION OF MOTHER: Above mentioned table shows that majority of samples belong to the illiterate (32%) whereas belongs to Primary Education (22%), Secondary school Education (26%), Intermediate Education (16%) and Graduate and above (4%).

OCCUPATION OF MOTHER: Above mentioned table shows that majority of samples belong to the Professional (22%) whereas belong to Non-Professional (16%), Laborers (48%), Business (8%) and House wife (6%).

TYPE OF FAMILY: Above mentioned table shows that majority of samples belong to the Nuclear Family (26%) whereas belong to Joint Family (38%) and Extended Family (36%).

BIRTH ORDER OF THE CHILD: Above mentioned table shows that majority of samples belong to the First (32%) whereas belong to Second (24%), Third (24%), Fourth and above (20%).

SOCIOECONOMIC STATUS: Above mentioned table shows that majority of samples belong to the Low Socioeconomic status (50%) whereas belong to High Socioeconomic Status (50%).

DIETARY HABITS: Above mentioned table shows that majority of samples belong to the Vegetarian (26%) whereas belong to Non – Vegetarian (14%) and Mixed (60%).

Discussion

Nutritional experiences early in life might have a long-term impact. This subject covers the normal development of eating habits and how to separate common and often transient eating difficulties from chronic disorders in order to support the adoption of good eating habits. Parents have a crucial role in encouraging children to eat healthily. Breastfeeding gives newborns a nutritional boost from the start and may help them learn to better regulate their food intake. Nutritional experiences early in life might have a long-term impact. This subject covers the normal development of eating habits and how to separate common and often transient eating

difficulties from chronic disorders in order to support the adoption of good eating habits. Parents have a crucial role in encouraging children to eat healthily. Breastfeeding gives newborns a nutritional boost from the start and may help them learn to better regulate their food intake.

IMPLICATION

We want to learn more about our background and remember how it affected us as adults. This is a fascinating area of research, and as a teacher, you may be concerned about the well-being of the students in your class. Physical abuse and mental retardation are equally fascinating topics for policymakers and implementers, such as teachers. Development is the process of development and change in pattern progressive movement that begins at conception and lasts the whole of one's life. It's extremely complicated, and it's the result of multiple processes. Genes, environment, motivation, gradual differentiation of the body, and its effect all play a role in human physical development, which is quite unusual.

RECOMMENDATIONS

1. Similar study can be done to know the attitude and practice of parents for child's nutritional status
2. Similar study can be done on preschool children's
3. A comparative study can be done on urban and rural school children's
4. Study on impact of nutritional status of the mothers and nutrient intake during pregnancy on birth and outcome of children can be done.
5. Comparison of nutritional status, intelligence, socio economic status and participation in extracurricular activities between rural and urban children's.
6. Similar study can be done on large sample of mothers of school going children's on physical growth and nutritional status.

CONCLUSION

After the detailed analysis the study leads to the following conclusions. Physical growth of school going children directly effects the nutritional status of school going children. The observational profile of the child reveals that most of the children were under weight and nutrition was not adequate. It was found effective when information was given by self-instructional module and the mother's.

Conflict of interest: No any conflict of interest

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