

Assessment of nutritional status of preschool children of Shivpuri district M.P., India

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ABSTRACT

Two hundred thirty rural preschool children at the age of 2-5 years, who attending the anganwadies of Shivpuri district were selected for the study. These children were belonging to lower income group. The socioeconomic status of rural preschool children was very poor. All the rural preschool children selected from low income group, with an average monthly income ranges from 1200 to 3000. Ninety per cent of home makers and seventy per cent of the family heads were farmer and remaining family head were involved in unskilled labour. In Fifty per cent of the families the women were also involved in income generating activities. Eighty five per cent of the families lived in rented houses. 82 per cent families did not have access to drinking water facilities and individual toilet facilities. It was observed that illiteracy, superstition, poverty, lack of awareness regarding family planning and educational backwardness of the home makers are main responsible factors for low socioeconomic status of rural preschool children. People works with locally trained women who go from house to house, advising mothers how to add supplementary foods available at home such as rice/chapati and daal with mashed, locally-grown green leafy vegetables to a child's diet from six months onwards, while maintaining breastfeeding as long as possible.

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Key Words : Health, Anganwadies, Nutrition, Malnutrition, Pre school children.

INTRODUCTION

Good nutrition is necessary for the development of the brain and the body before a child is born and in the early years of life. Eating the right nutrients at the right time during growth increases a child's potential. Yet, the physical, behavioral and cognitive development of too many children in Shivpuri is threatened by inadequate nutrition. Even as obesity has emerged as a major public health threat, researchers are learning how income, food access, physical activity and family interact to increase the likelihood of childhood obesity. While there are some early indications that living in poverty compounds the social, emotional and health risks that accompany childhood obesity, it is clear that both individuals and society will pay a significant price in financial costs and in human suffering if the trend toward obesity is not reversed. According to the National Family Health Survey (NFHS-3) carried out in 2005- 06, child malnutrition rates in India are disproportionately high.

Malnutrition is a public health problem, including micronutrient deficiencies damaging the health of one third of the world's population (WHO and UNICEF 2003).

Health and nutrition plays the key role in the development process of a country. But the health and nutrition situation in India, even after sixty three years of independence is quite unsatisfactory and unacceptable. Malnutrition remains the most debasing problem facing the majority of the poor population. (Singh and Raghuvansi, 2001). This stand the mental and physical growth of one in three children in developing countries. In developing countries one hundred and ninety million children under age five are chronically malnourished (Grant, 1994). The preschool children are the most vulnerable group of the society. During this age nutrients needs are increased, when these needs are not fulfilled from their diet malnutrition occurs. Nutritional deficiencies and infection contributing to malnutrition and malnutrition contributing to infection both acting synergistically (Chandra, 1989).

The determination of dietary energy requirements is still one of the most important issues that need to be tackled on priority basis, because large variation exists in defining adequate energy intake (Svedberg, 2002). Nutritional status is usually associated with food intake which, in turn, is taken to be dependent on income and hence poverty (Rizwanul, 1997). However, the level of income may not