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Research Note

A study of morbidity of pre-school children

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ABSTRACT : It is increasingly being recognized that good health is an important contributor to productivity as economic growth. In a poor country like India, there the only asset most people have is their body's health assumes even greater significance. Good health and its natural defense against illness are fundamental to every man, woman and child not only for their wellbeing but also for their survival. India in the past few decades, has witnessed rapid progress in terms of industrialization and agricultural production. Yet malnutrition especially under nutrition continues to be a major problem of public health significance in the country. It is a major contributor to high rates of childhood mortality, maternal mortality and morbidities in the community. Though poverty is a major underlying cause, scores of other factors such as socio-demographic, socio-economic, socio-cultural and lifestyle practices contribute significantly to the problem of malnutrition.

KEY WORDS: Pre-school children's morbidity

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There have indeed been large gains in health status since independence life expectancy has gone up to 36 years 1951 to 62 years in1995. Infant mortality rate is down from 146 in 1951 to 71 in 1997 crude birth rate has been reduced to 36.9 in 1970 to 26.1 in 1998 and crude death rate to 14.9 to 8.7 in same the same period. One of the major reasons for these gains has been the development of an impressive vast three tiered system of rural health infrastructure with sub centre for each 5000 population primary health center (PHC) for each 100000 population. Children below five and women in the reproduce age group make up 36.2 per cent of the population of the India. In the term of survival and well being, they constitute the valuable most group in society. The estimates available show that the maternal mortality rate (MMR) continues to remain at an unacceptable level 408 for 100000 live births. The cause for these poor indicators of maternal health are well documented the low socio-economic status of women the under nourishment and anemia among them the low proportion of institutional deliveries and the absence of trained birth attendants in as many as two third of cases (Indian Health report by Mishra *et al.,* 2003).

Introduction of "PD" (Positive Deviance) Programme was a step to accelerate the process of reduction and prevention of under nutrition among under 3 year children, in a sort time, by enabling the communities to adopt "best local practices of childcare", on sustained basis. The "PD" is defined as 'on asset based approach, built on the belief that in every community, there exists few mothers with special efforts or batter child care practices, which enable them to prevent under nutrition among their children, compared to their counterparts, who live with similar socio-economic background and resources and are exposed to the same risks from the existing environment". Therefore, it is assumed that the PD programme acts as a quality improvement tool for ICDS, to improve its process as well as outcome variables. It emphasizes on "Community Investment" and "Participation by change in behaviours" through practice.

(Report of NNMB Second Repeat Survey-Rural1996-97), 1999.

(Annual Report 2006-2007 NIN).

A double blind randomized placebo controlled study is in progress to evaluate the impact of supplementation of a cocktail of micronutrients in the form of a specially fortified beverage on physical and mental development of school

children with a positive placebo control. Analysis of baseline data indicated that the boys achieved higher IQ as compared to girls (Saxena,1999).

The survey instrument was a structured questionnaire which was finalized after pre-testing and pilot study. Children are future of any country. Health of the children is very important in every aspect. Health is affected by the way we live. It is also affected by the environment, economic status, social status, education. Children below 5 year cannot take food what they want, also they: like sweet food more. Keeping all this in mind researcher selected this subject.

Objectives:

–The general objective of the study was to assess the health and nutritional status of <5 year children.

–To assess the prevalence of morbidity among <5 year children during the preceding forthright.

Hypothesis:

–To study the morbidity of pre-school children's.

Table 1: Prevalence (%) of the morbidity among 0-59 months children during previous fortnight by age group

Age group (months)	n	Fever	Diarrhea	ARI	At least one morbidity
0-5	46	19.6	23.9	19.6	41.3
6-11	67	20.9	20.9	7.5	34.3
12-23	126	15.9	12.7	6.3	25.4
24-35	101	12.9	13.9	5.0	26.7
36-47	102	9.8	7.8	4.9	17.6
48-59	70	4.3	7.1	8.6	14.3
pooled	512	13.5	13.3	7.4	25.2

Table 2 : Distribution (%) of mothers of 0-59 months children according to care of the child during sickness

Particulars	Age group (months)			
	<12	12-35	36-59	0-59
n	113	227	172	512
Personnel generally consulted during illness of the child				
ANM or LHV	-	1.3	1.2	1.0
MO, PHC	20.4	23.8	26.2	23.8
Pvt. practitioner	77.9	74.0	72.1	74.2
Traditional healer	1.8	0.4	0.6	0.8
None	-	0.4	-	0.2
Morbidity during previous fortnight				
Any of the morbidity	37.2	26.0	16.3	25.2
Fever	20.4	14.5	7.6	13.5
Diarrhea	22.1	13.2	7.6	13.3
Cough	12.4	5.7	6.7	7.4
Particulars of feeding of the child during diarrhea				
Give ORS	10.6	6.6	7.0	7.6
Homemade ORS	2.7	1.8	-	1.4
ORS given by AWW/ANM	8.0	4.8	6.4	6.1
Commercial ORS	0.9	-	0.6	0.4
Rice gruel	0.9	1.8	0.6	1.2
Coconut water	1.8	-	-	0.4
others	1.8	-	-	0.4
Co-trimoxazole tablet given by ANM during ARI				
yes	1.8	-	-	0.4

–To study morbidity of pre-school children.

Selection of sample

For the study, Surendranagar district was selected. From Anganwadi of Surendranagar hundred Anganwadi were selected and from each Anganwadi, 5 children were selected and total sample size of 100 Anganwadi was 512.

Collection of data:

Information was collected through questionnaire. Children were selected randomly and selected child's parents were given nutrition awareness questionnaire and the scores obtained were calculated according to opinion given by parents.

To check hypothesis, statistical method' "t test" was used. Correlation between data was calculated by correlation technique. After application of statistical test, derived findings are as under:

The particulars of morbidity during preceding fortnight among <5 years children according to age groups are provided in Table 1. About 25 per cent of the children suffered from one or more morbidities during the period, the proportion of which was maximum (41.3% and 34.3%, respectively) in the age group of 0-5 and 6-11 months children and tended to decrease with increasing age to 14 per cent in 48-59 months children. The common morbidities reported were fever (13.5%) followed by diarrhea (13.3%) and acute respiratory infections (7.4%). The prevalence of diarrhea was maximum in 0-5 and 6-11 months children (23.9% and 20.9%, respectively) followed by 24-35 months' children (13.9%). Similarly, the prevalence of ARI was maximum in 0-5 Nutritional Status. month children (19.6%) and 8.6 per cent in 48-59 month children, while, the prevalence of fever was maximum (20.9%) in 6-11 months children and lower among 48-59 month children (4.3%). Majority of the mothers in general stated that, they consult a private practitioner (74.2%), or visit the PHC (23.8%), when the children fall sick, (Table 2). About 13.3 per cent of the children reportedly had diarrhea during the previous fortnight, while about 7.6 per cent received ORS that is given mostly by ANM/AWW (6.1%). About 7 per cent reportedly had acute respiratory infection, while 0.4 per cent had received co-trimoxazole tablets from the ANM.

The prevalence of wasting was insignificantly higher among children with history of morbidity (such as fever, diarrhea, respiratory infection etc.) in the preceding fortnight (28.7)compared to those children with no history of morbidity (22.7%). No association was observed in the prevalence of underweight and stunting.

The common morbidities such as ARI, fever and diarrhea were reported by the mothers with the prevalence being higher in the younger age groups compared to the Nutritional Status of <5yr Children older age groups. The probable reasons for this could be prevailing suboptimal infant and young child feeding practices coupled with non-receipt of appropriate health care management.

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