

Content



Assessment of Malnourishment in Children in Tribal Area of Banswara, Rajasthan



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Malnutrition

- ❑ Malnutrition refers to deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients.
- ❑ The term malnutrition addresses 3 broad groups of conditions: undernutrition, which includes wasting (low weight-for-height), stunting (low height-for-age) and underweight (low weight-for-age) .
- ❑ Malnutrition is a condition that results from eating a diet in which one or more nutrients are either not enough or are too much such that the diet causes health problems. It may involve calories, protein carbohydrates, vitamins or minerals.
- ❑ Malnutrition is a serious challenge in to developing countries like India. Malnutrition status in India is even more threatening than the other south Asian countries or sub Saharan Africa.
- ❑ The latest report children India 2012' by the ministry of statistics and program implementation further affirms that 48% of children under five year of age are stunted (too short for their age). This indicates that half of the country's children are chronically malnourished.

Malnutrition

- ❑ Despite India's 50% increase in GDP since 1991, more than one third of the world's malnourished children live in India. Among these, half of the children under three years old are underweight and a third of wealthiest children are over-nourished. One of the major causes for malnutrition in India is economic inequality. Due to the low social status of some population groups, their diet often lacks in both quality and quantity. Women who suffer malnutrition are less likely to have healthy babies. Deficiencies in nutrition inflict long-term damage to both individuals and society. Compared with their better-fed peers, nutrition-deficient individuals are more likely to have infectious diseases such as pneumonia and tuberculosis, which lead to a higher mortality rate. In addition, nutrition-deficient individuals are less productive at work.
- ❑ Remote parts of southern Rajasthan such as Udaipur, Dungarpur, Banswara and Rajsamand are characterized by a predominance of tribal groups and a high prevalence of unskilled, male, seasonal outmigration. A study conducted in these parts in 2014 shows high levels of malnutrition among children in this region.
- ❑ In December 2017, according to health department figures, a total of 3,602,931 children were weighed and 722,748 were found to be underweight and 6391 were severely underweight. Only 2,873,792 children had normal weight.

Signs and symptoms of malnutrition

- lack of appetite or interest in food or drink
- Tiredness and irritability
- Inability to concentrate
- Always feeling cold
- loss of fat, muscle mass, and body tissue
- Higher risk of getting sick and taking longer to heal
- Depression
- Problems with fertility
- Breathing becomes difficult
- Skin may become thin, dry, inelastic, pale, and cold
- Hair becomes dry, falling out easily



- ❖ To assess the malnourished children under the age of 5 years in Peepalkhunt and Ghatol Block of Banswara.
- ❖ To screen out the malnourished children under the age of 5 years in Peepalkhunt and Ghatol Blocks of Banswara.





a) Study Area: Ghatol and Peepalkhunt block of Banswara district, Rajasthan



b) Study design: Descriptive study



c) Sampling technique: Convenient sampling (study done in organizational project area)



d) Sample size: 739 children



e) Study Duration: Feb 2019- April 2019



f) Source of data: **Primary data** was collected through check list and observations in health check up camps



g) Analysis plan: Data analysis through excel



Methodology

Objective

Introduction

S.No.	Villages covered	Date	Total Attendant	Total Malnourished Children	Severely Malnourished children
1	Bha, Phutiya Dungri+Bhema Kheda	07.02.2019	103	35	6
2	Nalda+Thechla, Keeka ki Naal	08.02.2019	151	30	4
3	Gauj Rathod, Mahudi Kheda	11.02.2019	93	32	2
4	Bori, Miyasa	12.02.2019	121	23	3
5	Data, Gadra	13.02.2019	143	49	5
6	Dhaarna, Undwela	14.02.2019	128	30	5

showing total no. of children screened from particular village

	All	Boys	Girls
Prevalence of global malnutrition (<-2 z-score and/or oedema)	27.7 % (24.6 - 31.0 95% C.I.)	28.5 % (24.1 - 33.3 95% C.I.)	27.0 % (22.9 - 31.6 95% C.I.)
Prevalence of moderate malnutrition (<-2 z-score and ≥ -3 z-score, no oedema)	13.2 % (11.0 - 15.8 95% C.I.)	13.5 % (10.4 - 17.4 95% C.I.)	12.9 % (9.9 - 16.5 95% C.I.)
Prevalence of severe malnutrition (<-3 z-score and/or oedema)	14.5 % (12.2 - 17.2 95% C.I.)	14.9 % (11.6 - 19.0 95% C.I.)	14.1 % (11.1 - 17.9 95% C.I.)



Prevalence of acute malnutrition based on weight-for-height z-scores (and/or oedema) and by sex

Age (mo)	Total no.	Severe wasting (<-3 z-score)		Moderate wasting (>= -3 and <-2 z-score)		Normal (> = -2 z score)	
		No.	%	No.	%	No.	%
6-17	68	12	17.6	11	16.2	45	66.2
18-29	88	16	18.2	4	4.5	68	77.3
30-41	145	23	15.9	24	16.6	98	67.6
42-53	188	16	8.5	27	14.4	145	77.1
54-59	250	39	15.6	34	13.6	177	70.8
Total	739	106	14.3	100	13.5	533	72.1

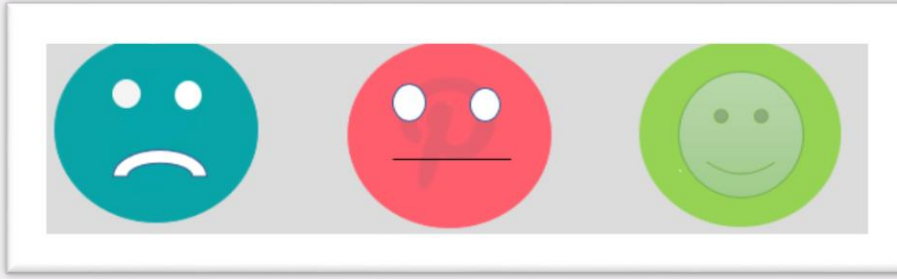
Prevalence of acute malnutrition by age, based on weight-for-height z-scores and/or oedema

	All (n=739)	Boys	Girls
Prevalence of stunting (<-2 z-score)	27.6 % (24.7 - 30.8 95% C.I.)	31.0 % (26.7 - 35.8 95% C.I.)	24.5 % (20.7 - 28.8 95% C.I.)
Prevalence of moderate stunting (<-2 z-score and >=-3 z-score)	12.9 % (10.8 - 15.4 95% C.I.)	13.5 % (10.5 - 17.2 95% C.I.)	12.4 % (9.6 - 15.8 95% C.I.)
Prevalence of severe stunting (<-3 z-score)	14.7 % (12.5 - 17.3 95% C.I.)	17.6 % (14.1 - 21.6 95% C.I.)	12.2 % (9.4 - 15.6 95% C.I.)

Prevalence of stunting by age based on height-for-age z-scores

- ❑ This study shows around 27% of children are malnourished out of which 13.2% are severely malnourished and 14.5% are moderately malnourished and prevalence of malnourishment globally is also 27.7%. Total 29.2% of wasting is there in which, 15.6% is severe wasting and 13.6% is moderate wasting and Prevalence of stunting found to be 27.6% out of which 14.7% is severely malnourished and 12.9% is moderately malnourished.
- ❑ From check list its found that around 50% of the children are not going to Anganwadi or the mothers are not practicing the breastfeeding. The finding confirm the well known association of lack of breastfeeding and linkage with Anganwadi with malnourished children hence, Delayed initiation of breast-feeding, deprivation from colostrum are significant risk factor for malnourishment. There is need for promotion and protection of optimal infant feeding practices or improving nutritional status of children, also there is need for nutrition camps and programmes for the awareness about malnourishment to their parents and community to avoid the malnourishment.





- Gap analysis would be done in a particular time period.
- In a particular time period, awareness camps and programmes organization will be helpful in understanding the mothers regarding the breastfeeding and nutrition importance.
- Nutrition camp would be a better initiative for the reduction in child malnutrition by providing the nutritious diet to all the malnourished children so that they can know about the proper nutritious diet.
- Linkage to moderately malnourished children to Anganwadi for betterment of their condition by having nutritious diet at Anganwadi and severely malnourished children will be referred immediately to NRC's for intensive feeding to recover loss.



References

- World Health Organization. Nutrition. [7 December 2010]. URL: www.who.int/topics/nutrition/en/index.html.
- World Health Organization. 10 facts on nutrition. [7 December 2010]. URL: www.who.int/features/factfiles/nutrition/en/index.html.

Thank
you

