

REVIEW OF NUTRITIONAL STATUS OF TRIBAL PRE- SCHOOLCHILDREN

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ABSTRACT

Malnutrition was a leading problem among tribal pre-school children in India. Therefore it is necessary together region and community specific data from time to time for formulating the health planning and nutritional intervention programme. Children below the age of five years constitute nearly 15% of the total population of country and from the nutritional standpoint constitute a vulnerable segment and suffers the highest rate of morbidity and mortality for almost a decade evidence that more children die from malnutrition and it does not serious damage to the physical growth and intellectual performance in the later life.

Keywords: Nutrition, Ethnographic and cultural, Children, Clinical assessment

INTRODUCTION

The years between 1 and 6, growth is generally slower than in the 1st year of life but continues gradually. Activity also increases markedly during the 2nd year of life as the child becomes increasingly mobile. Development of a full dentition by about the age of 2 years also increases. The range of foods that can safely be eaten. There is an increased need for all nutrients, but the pattern of increase varies for different nutrients in relation to their role in growth of specific tissues. Nutritional disorder with PEM (Protein Energy Malnutrition) is increasing high day by day in India, mainly for the low socio-economic condition. Studies undertaken in the country indicate that the primitive tribes have distinct health problem, mainly governed by multidimensional factors like their habitat, difficult terrain ecological variable riches, illiteracy poverty, isolation, superstition and deforestation. Hence an integrated multidisciplinary approach has been adopted by different researchers to study the tribal health problem. High incidence of malnutrition has also been documented in the tribal dominated district of Orissa. Nutritional status of primitive tribes of Orissa was lower compared to other major

tribes. It is found that 85% of great Andamanese children (<6 year) were under nourished and more than 77% children and adolescents (<19 years) were stunted wasted and both. Micronutrient deficiency is closely linked with nutritional disorder and diarrhoea.

LITERATE REVIEW

The review of related literature is valuable guide to define the problem, recognising its significance, suggesting promoting data gathering devices, appropriate study design and source of data. The effectiveness of state action combating malnutrition was assessed through contrasting the quality of the public services for bettering the nutritional challenges of the group, with a special focus on the ICDS. The bottom-up inspired investigation of the ICDS was also used as an entry-point into the discussion of public action against malnutrition among Adivasi women and children in general. The actors under focus in this study are narrowed down to those who implement the project in Bankura District. With regards to the effectiveness of non-state action, I first discussed the role of three main groups of civil society actors; the opposition parties, NGOs (both 'Adivasi' NGOs and others) and the media. I asked questions regarding these actors self-perceived scope for influence on public action. Through a brief content analysis of newspapers, I shed light on the written public debate on these issues.

Drinking water & Sanitation in Bankura

The district of Bankura is known as drought-prone and in dry season water for drinking and other uses is a major problem for this area. Majority of the shallow wells go dry or retain scanty water, which dry up during winter and summer. The water level varies in the district from 1.5 mts. to 22 mts. A number of flowing tube wells exist along the banks of the Dwarakeshwar River, the Jaipanda River and the Champa stream. Artesian flows are generally obtained from aquifers occurring between the depth spans of 30 mts. to 75 mts. In the Dwarakeshwar river basin, free flow of 25 to 34 litres per minute is obtained from 50 mm. diameter tube well. The artesian pressure is weak and varies from 1.1 mts. to 6.5 mts. above land surface. A survey was conducted by the Public Health Engineering Department to assess the pocket uncovered by the drinking water sources. The survey was conducted in 2003. 228 habitations had been found to have no source of drinking water and 359 habitations were partly covered on a scale of one tube well per 250 populations in a habitation. Habitation

in this context refers to some households living together in a hamlet, 'para', and 'tola' etc., whatever small the size of the population residing there may be. The scenario may have changed with the installation of new tube wells between 2003 & 2006, but the sorry state of affairs is that most of the tube wells go dry during summer leaving a sizeable population of the district without any safe source of drinking water and compelling them to take recourse to dug wells and other sources of water for drinking. Hand- boring is done for installation of tube wells in most parts of the blocks like Bishnupur, Sonamukhi, Patrasayer, Taldangra, Barjora, Onda and parts of Sarenga and Raipur.

Clinical assessment of Nutritional status

Clinical examination is the most essential part of all nutritional surveys. Since the ultimate objective is to assess of health of individual and population groups as influenced by the diet they consumed the numerous signs and symptoms of dietary deficiencies have been classified by several individual scientist or expert committee. Overlapping of deficiency states by and large malnourished individuals show sign and symptoms due to multiple deficiencies in the diet. Some of the signs and symptoms may be common in several deficiencies states. For example follicular hyper kurtosis may be due to lack of essential fatty acids or of vitamin a of both.

Gradation of malnutrition	1 to 3 age group						3+ to 6 age group					
	Male		Female		Total		Male		Female		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
Normal	47	40.18	42	Weight 36.10	For 89	Age 38.03	57	39.89	45	36.29	102	38.20
Grade-I	25	21.36	25	21.36	50	21.36	30	20.98	28	22.58	58	21.72
Grade-II	21	17.94	23	19.60	44	18.81	26	18.18	28	22.58	54	20.22
Grade-III	24	20.52	27	23.00	51	21.80	30	20.98	23	18.55	53	19.86
Total	117	100.00	117	100.00	234	100.00	143	100.00	124	100.00	267	100.00
Normal	53	45.26	51	Height 43.65	for 104	age 44.44	69	48.26	55	44.35	124	46.44
Grade-I	20	17.10	23	19.65	43	18.37	25	17.48	24	19.35	49	18.35
Grade-II	23	19.67	20	17.05	43	18.37	24	16.78	22	17.74	46	17.22
Grade-III	21	17.97	23	19.65	44	18.82	25	17.48	23	18.56	48	17.99

Total	117	100.00	117	100.00	234	100.00	143	100.00	124	100.00	267	100.00
				weight	for	height						
Normal	55	46.88	41	35.04	96	41.04	68	47.55	52	41.93	120	44.94
Grade-I	21	17.94	26	22.22	47	20.08	25	17.48	25	20.16	50	18.72
Grade-II	21	17.94	24	20.51	45	19.23	26	18.18	24	19.35	50	18.72
Grade-III	20	17.24	26	22.22	46	19.66	24	16.19	23	18.56	47	17.62
Total	117	100.00	117	100.00	234	100.00	143	100.00	124	100.00	267	100.00

Table 1. Gradation of malnutrition among 1 to 3 & 3+ to 6 agegroup of tribal pre-School children in the district of Bankura

Nutritional anthropometry: - The gradation of malnutrition among pre-Schoolchildren was classified on the basis of weight for age, height for age and weight for height nutritional anthropometric indices in table no5.7. According to weight for age index 38.03 percent 1 to 3 age group tribal pre-School children and 38.20 percent 3+ to 6age group tribal pre-School children were found to be normal. Whereas 21.36 percent 1 to 3 age group and 21.72 percent 3+ to 6 age group tribal per- School children were suffered by mild malnutrition (Grade-1). The prevalence of severe malnutrition (Grade-II was high among 1 to 3 age group children (18.81%) compared to 3+ to6 age group tribal pre-School children (20.22%). The female tribal pre-School children of both were suffered more by different grade of malnutrition.

Discussion

Analysis and interpretation of the data gathered to correlate the malnutrition and nutritional status by the weight for age, height for age and weight for height of tribal pre-School children. In order to answer meaning fully the research questions, the date must be processed and analyzed systematically and testing of research hypothesis using those data.

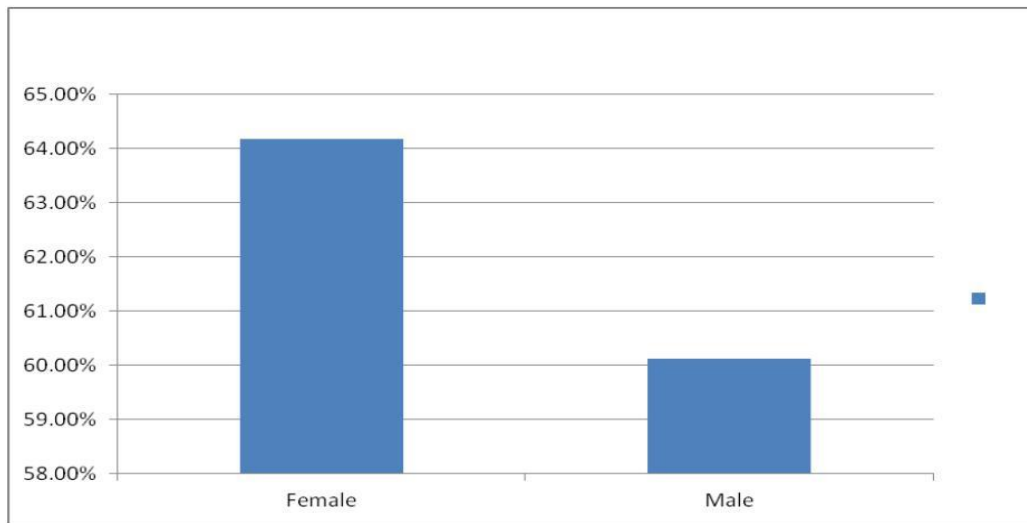
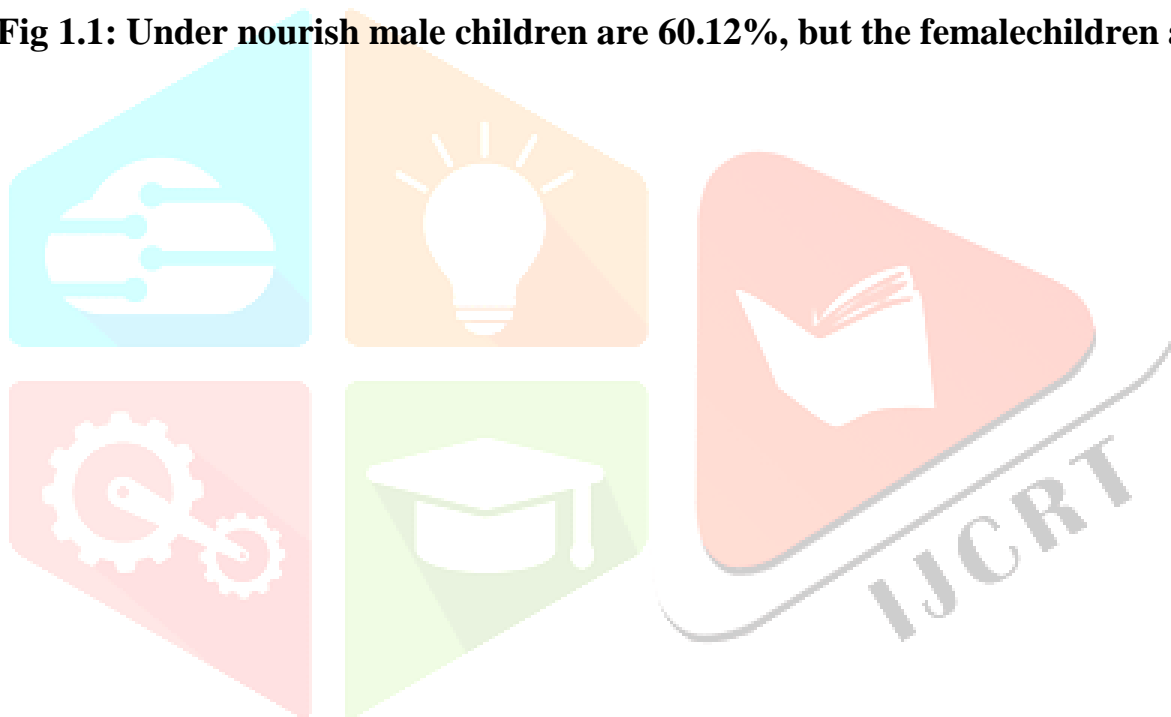


Fig 1.1: Under nourish male children are 60.12%, but the female children are 64.18%



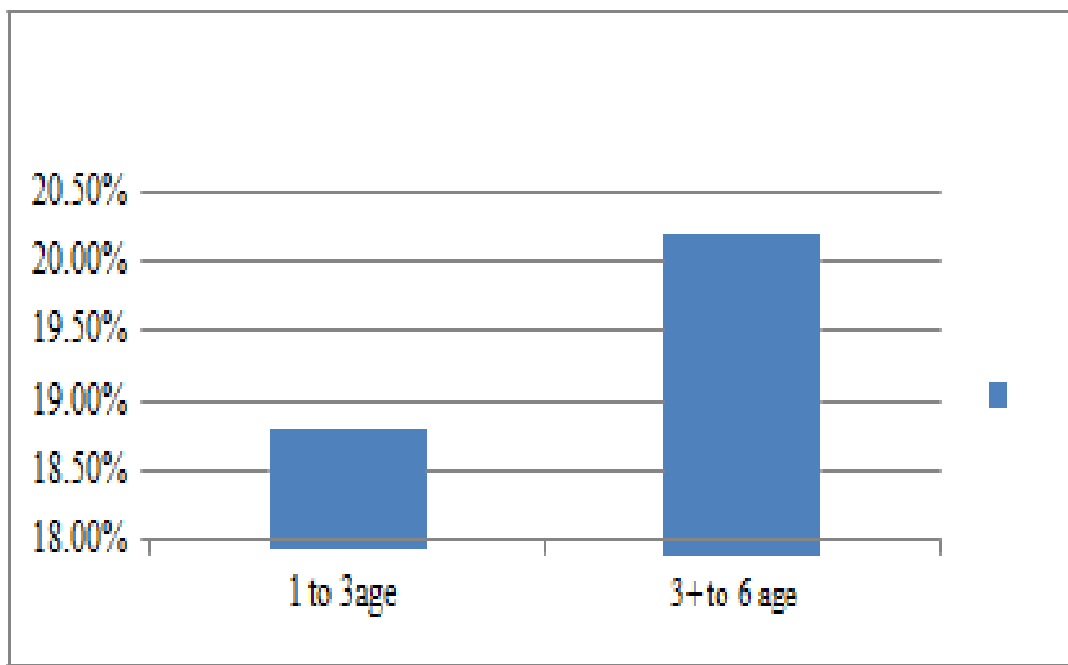


Fig .1.2 Showing severe malnutrition according to weight for age(1 to 3 age 18.81% & 3+ to 6 age group 20.22%)of tribal pre-school children

This study has been reflected that 60.12% under nourish male pre-school children's present in study area, where has 64.18% of female pre-school children has been fund. Female pre-school children are near about dominant over male children as malnourished. Stunting pre-school children are 55.12%, 54.37% and 51.51% found in study area.

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