

Nutritional Status of Children under the Age of Five in Rural Areas of Udaipur, Rajasthan, India - A Review

Mrs. Sadhana Nagar¹

Ph.D. Scholar (Nursing), Pacific Medical University, Udaipur, Rajasthan, India

Corresponding E-mail : nagarsadhana77@gmail.com

Abstract

The percentage of undernourished Indian children who are less than five years old is on the decline, but the rate of decline is not keeping pace with the standards that were established by the United Nations Development Project in support of the Millennium Development Goals of India. Therefore, it is essential to conduct an assessment of the nutritional status in order to put interventions into place to combat undernutrition, with a particular emphasis on high-burden areas within the state. The purpose of the current research is to evaluate the demographic profile as well as the nutritional condition of children under the age of five who live in rural parts of the Udaipur district in the Indian state of Rajasthan.

Keywords : Stunting, Wasting, Underweight, Rural, Child

Introduction

Following our independence, India has seen a paradigm change in the priority of the food industry from national food self-sufficiency to family food security as well as individual nutritional health. At both the global and national levels, eliminating child malnutrition has long been a significant concern. Malnutrition includes two aspects: undernutrition and over nutrition, each of which may have a negative impact on a child's physical, mental, or cognitive development. Therefore, the normal development of children and the development of their immune systems can only be ensured by age-appropriate diet. Weight-for-age (underweight), height-for-age (stunting) and weight-for-height deficiencies may be quantified at the national, state, regional, or community levels using WHO criteria.

Children under five years old in India were found to be underweight by the National Family Health Survey-4 (2015-16). SDGs are designed to lower the death rate for children under five in all nations to 25/1000 babies born by 2030, with a specific emphasis on reducing underweight, stunting, and wasting among children. Underweight rates are greater in rural regions (44 percent) than in urban areas (30 percent), indicating that rural India's malnutrition issue need special attention(Jain et al. 2019). The 2014 survey on children found that 18.5 percent of infants were born underweight, 29.4 percent of children under the age of five were

underweight, 38.7 percent of children were stunted, and 15.1 percent of children were wasting. Healthy individuals are essential to the growth of a prosperous society, and implementing nutrition-related health programs for children may significantly decrease the prevalence of malnutrition(Salvi and Hathi 2021).

When children are young, proper diet is essential for their health as well as their ability to function. As a result, it's critical to look at how well kids in rural and tribal regions are getting enough nourishment. Underweight, stunting, and wasting in children under the age of five are caused by a variety of factors. To blame for linear growth retardation, which is caused by economic hardship, poor sanitation, and a lack of calorie intake, is the occurrence of stunting. Similarly, frequent sickness and malnutrition are to blame for children's low weight for age, commonly known as underweight disorders(Meena et al. 2016).

The government as well as other organizations increasingly acknowledge the need of improving the nutritional quality of children from a young age in order to boost long-term educational attainment and the socioeconomic growth of a nation. In order to combat malnutrition, the state administration intends to establish programs in high-burden areas. In order to better understand the demographics and nutritional health of children under the age of five in rural Udaipur, the current research was conducted.

Literature Review

One of Rajasthan's 33 districts, Udaipur is a beautiful city in its own right. The physical limits of the district run from coordinates 23.45" to 24.8" north latitude, 73.9" to 74.35" east longitude, and an elevation range of 583 m to 259 m above mean sea level (J. Gandhi et al. 2017). There are an estimated 26.33 million people living in the Udaipur district, and around 55 percent of them are tribal.

A community-based cross-sectional research was carried out by Verma et al. (2021) in the rural communities of the field area of practice of the Public Healthcare division of a tertiary care facility in Udaipur, Rajasthan. In this research, which was carried out on a total of 200 children under the age of five who lived in rural areas of Udaipur, it had been discovered that 57.5 percent of the children were underweight, 45 percent were wasting, 53.5 percent were stunted, and 5 percent were overweight.

In addition, research was carried out by Kumar L. et al. (2019) in the Khurabad block of the Udaipur district, which is home to the Rural Health Training Complex (RHTC), Jagat of Pacific Institute for Medical Sciences Udaipur. Families who did not belong to any of these groups also called the location they were studying home. The selection of households was carried out using a stratified random sample scheme that had an equal distribution of sampling units. Coverage was provided to the homes in the communities that were designated as RHTC service zones. The total number of children under the age of five in the sample was 334, making the computed sample size 206. As a result, a total of 200 homes were considered for each of the tribal & nontribal groups with children under the age of five. After undergoing some preliminary testing, a comprehensive questionnaire designed for the goal of data collecting was produced. For children less than five years old living in chosen families, anthropometric measures such as weight and height were recorded, in addition to sociodemographic characteristics such as age and gender. The information was gathered from each chosen home in both tribal & nontribal regions, and it related to the amount of land that was owned, the income of the household, the education level of the mother, and the location of the birth.

Discussion

The degree to which children in various nations and even different parts of the same country suffer from nutritional imbalances varies greatly. This is true both among urban

and rural areas within the same country. In spite of progress made over the course of the years, the National Nutrition Strategy found that India still has a significant problem with the issue of undernutrition in children under the age of five.

The current situation may, however, undergo significant transformation in the not-too-distant future as a result of the deployment of Poshan Abhiyaan with Anganwadi serving as the focal point. This program's overarching goal is to guarantee the holistic development as well as proper nutrition of pregnant women, mothers, & children.

Conclusions

Children less than five years old are the most susceptible to the harmful consequences of malnutrition and its associated conditions. Nutrition, health education, and adequate access to and usage of healthcare are all potentially extremely successful treatments that might lead to a large decrease in the prevalence of undernutrition among rural children. In order to improve the nutritional status of children, the families living in the neighbourhoods should be encouraged to engage in diverse home-based food production activities. This is because a significant portion of one's daily food intake is dependent on one's own home production or on the availability of food in the surrounding area. Surveys should be conducted on a regular basis on children who are severely malnourished, & visits should be undertaken to both monitor and enhance the children's food consumption. At the moment of the experts' home visits, the parents of malnourished children must be counselled by those experts on how to eat a healthy diet, the necessity of family planning, and the value of personal cleanliness.

References

1. Auddy N, Singh V. Assessment of Nutrient Intake of Pre-School (4-5 Years) Tribal Girls of Udaipur District, India. *Int J Curr Microbiol Appl Sci.* 2021;10(12).
2. J. Gandhi S, Choudary MK, Kumar R, Bhatnagar D. Nutritional status of the geriatric population in the field practice area of a medical college in Rajasthan. *Int J Community Med Public Heal.* 2017;5(1).
3. Jain M, Bhati JS, Jain M, Kumar V, Garg K, Gupta PK. Nutritional status of children under five year of age: a cross sectional study in rural area of Jhalawar, Rajasthan. *Int J Community Med Public Heal.* 2019;6(8).

4. Jain R, Arora V, Gediya S. Complimentary feeding practices in severe acute malnutrition children admitted in malnutrition treatment centre of RNT medical college. *Int J Contemp Pediatr*. 2017;4(3).
5. Kumar L. DD, Mangal DN, Varghese DKA, Salvi TC, Salvi PP, Udawat VS. Nutritional assessment of under five children in a rural belt of southern Rajasthan, India. *Public Heal Rev Int J Public Heal Res [Internet]*. 2019 Dec 31;6(6):224-33. Available from: <https://publichealth.medresearch.in/index.php/ijphr/article/view/125>
6. Meena R, Suman R, Meena P, Meena S. Myocardial performance index in severe acute malnutrition children aged 6 month to 5 years. *Int J Contemp Pediatr*. 2016;
7. Mohan P, Agarwal K, Jain P. Child malnutrition in Rajasthan: Study of tribal migrant communities. *Econ Polit Wkly*. 2016;51(33).
8. Salvi G, Hathi M. ASSESSMENT OF IMMUNIZATION OF UNDER FIVE CHILDREN OF RURAL AND URBAN AREAS OF UDAIPUR DISTRICT, RAJASTHAN. *Glob J Res Anal*. 2021;
9. Sethy S, Mogra R. An Assessment of Nutritional Status of under-five Children in Rural Area, Udaipur, Rajasthan, India. *Int J Curr Microbiol Appl Sci*. 2020;9(6).
10. Tiwari K, Goyal S, Soni R, Devaraj S, Goyal S, Gahlot K. Cranial imaging in children with malnutrition aged 6 to 60 months. *Int J Contemp Pediatr*. 2021; 8(7).
11. Verma A, Chugh D, Patyal A, Meena JK, Mathur M. Socio-epidemiological study of malnutrition and associated risk factors among under five children in rural Rajasthan. *Int J Res Med Sci*. 2021 Feb 25;9(3):774.

