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Development Factors of Nutritional Status of Children

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Abstract

India has the second largest child population in the world. Numbering over 2.2 billion worldwide and 263.9 million in India (Census, 2011), they represent boundless potential. Most common causes of malnutrition include defective infant feeding practices; weakened utilization of nutrients due to infections and parasites, inadequate food and health security, poor environmental conditions and lack of proper child care practices. 90 (85.7%) says causes indicators of nutritional status of the children is environmental hygiene access to health services, 81 (77.1%) gives the food consumer behavior is time consumption. 82(78.1%) for above six months start initiation of complementary feeding of her child. Children development depends upon the children and mother's age and their nutritional status with underweight and overweight is significantly influenced of the children (P=0.01). The quality of nutritious and time of consumption of the children is the major role of nutritional status of the children.

Keywords: Children growth, food consumption, underweight; overweight

Introduction

The interplay of nutritional status and child development cannot be over emphasised, especially in developing countries, as several studies have shown strong links between the two. Malnutrition and inadequate stimulation have been identified as major risk factors responsible for developmental deficits in cognitive skills, motor skills, social behaviour, school achievement and psychomotor development. These factors have the potential to perturb the process of rapid brain development, which occurs in the first few years of life, with resultant long-term adverse effects on the brain's structural and functional capacity. The society a child lives in is also negatively affected by the child's inability to attain his/her full social and developmental potential. Caretakers may also not provide age-appropriate stimulation because of the children's small size, thus denying them the psychosocial stimulation needed for optimal development. Poor neurosensory integration in malnourished children has also been documented as a cause of poor development in these children.

India has the second largest child population in the world. Numbering over 2.2 billion worldwide and 263.9 million in India (Census, 2011), they represent boundless potential. The health status of the people is the wealth of a nation and nutrition is one of the most important pre-requisites for good health. Malnutrition among children in India is a well-known public health problem having its impact on health because

adequate nutrition is an important determinant for their good health.

Statement of the Problem

Child development is also quite believably that an optimal level of development occurs with a stimulating environment, especially during the first two to three years of life. Most common causes of malnutrition include defective infant feeding practices; weakened utilization of nutrients due to infections and parasites, inadequate food and health security, poor environmental conditions and lack of proper child care practices.

Issues of the Study

A well-nourished child is one whose weight and height measurements compare very well within the standard normal distribution of heights and weights of healthy children of same age and sex.

Research Question

What are the development factors of nutritional status of children in the study area?

Objectives of the Study

To study the food consumption behavior of the sample respondents.

Hypothesis

There is a relationship between Weight of the children and socio-demographic characteristics of the mother's.

Methodology

To study the Thiruinthallur village in Mayiladuthurai district, the sample size is 105 sample children, male (55), female (50) of the children age between 0.1 month to 14 years during 2022-23. The simple random samples were used.

Operational Definition

Underweight: Children whose weight/height² was below 18.5 treated as underweight.

Normal Weight: Children whose weight/height² was 19 to 24.5 treated as normal weight.

Overweight: Children whose weight/height² was 25 to 29.5 treated as overweight.

Child Development: Also suggests quite realistically that an optimal level of development occurs with a stimulating environment from parental age, education, occupation, and income particularly mothers maternal health, weight, height etc.

Results and Discussion

This section discussed about the nutritional status and health status of children and mother of the sample respondents in the Thiruinthalur village in Mayiladuthurai district.

Table-1 below shows that the socio-demographic characteristics of the sample respondents, out of 105 sample respondents, among them 55(52.5%) for male and 50 (47.5%) for female, while 45 (42.9%) for below 5 years, 54(51.4%) for first order of the children, 90 (85.7%) says causes indicators of nutritional status of the children is environmental hygiene access to health services, 81 (77.1%) gives the food consumer behavior is time consumption, 54(51.4%) for child does not eat his/her food well is the factors influencing nutritional status of the children, 96 (91.4%) of them told food security is the causes indicators of nutritional status of the children, and 91 (86.7%) for rigid work schedule for perceived factors influencing the nutritional status of sample respondents in the study area.

The Table-2 below reveals that development and nutritional status of the sample respondents, out of 105 sample respondents, 66 (62.9%) for normal weight, 85 (81.0%) for mother's age between 30 to 40 years, 78 (13.3%) for mother education completed higher secondary level, 34 (32.4%) are working in agricultural sector, 100 (95.2%) of them are ever breast feed of her children, currently breast feeding is 15(14.3%), 82(78.1%) for above six months start initiation of complementary feeding of her child, 93 (88.6%) of them are says no sick in the past two weeks, 91(86.7%) for fully immunized, 62(59.1%) for spontaneous vaginal delivery, 96(91.4%) for child vaccinated, 97 (92.4%) for no medical problems of the child, 71(67.6) for taken to health institution during illness of child. These are highest percentage compare to other aspects of the sample respondents development and nutritional status.

Table 1: Socio-Demographic characteristics of the Sample Respondents

Socio-Demographic Health Status	Frequency	Percentage
Sex of the child	105	100
Male	55	52.4
Female	50	47.46
Age of the child	105	100
Below 5 years	45	42.9
5 to 9 years	25	23.8
Above 9 years	35	33.3
Order of birth for the child	105	100
I order	54	51.4
II order	44	41.9
III order	7	6.7
Cause's indicators of nutritional status of children	105	100
Food insecurity	83	79.0
Environmental hygiene access to health services	90	85.7
Care and caring practices	95	90.5
Food Consumption behavior	105	100
Time of consumption	81	77.1
Place of consumption	76	72.4
Sources of information	68	64.8
Availability of the home	93	88.6
Factors influencing Nutritional status	105	100
Child does not eat his/her food well	54	51.4
Rigid work schedule	35	33.3
Lack enough money to buy adequate food for child	16	15.2
Cause's indicators of nutritional status of children	105	100
Food insecurity	96	91.4
Environmental hygiene access to health services	67	63.8
Care and caring practices	43	41.0
Perceived Factors Influencing Nutritional	105	100
Status of Children	91	86.7
Rigid work schedule	83	79.0
Lack of own money to buy adequate food for child	49	46.7
Lack of knowledge of type of food to feed child	101	96.2

Source: Computed from primary data

Table-2: Development and Nutritional Status of the Sample Respondents

Nutritional Status of the Children	105	100
Underweight	31	29.5
Normal weight	66	62.9
Overweight	8	7.6
Mother's age	105	100
Below 30 years	14	13.3
30 to 40 years	85	81.0
Above 40 years	6	5.7
Mother's education	105	100
Primary	14	13.3
Higher Secondary	78	74.3
Higher Education	13	12.4
Mother's occupation	105	100
Agriculture	34	32.4
Business	32	30.5
Service	39	37.1
Ever breast feed	105	100
Yes	100	95.2
No	5	4.8
Currently on Breast Feeding	105	100
Yes	15	14.3
No	90	85.7
Initiation of complementary feeding	105	100
< 6 MONTHS	23	21.9
> 6 MONTHS	82	78.1
Was child sick in the past 2 weeks	105	
Yes	12	11.4
No	93	88.6
Fully immunized	105	100
Yes	91	86.7
No	14	13.3
Type of delivery	105	100
Spontaneous vaginal delivery	62	59.1
Cesarean section.	39	37.1
Instrumental delivery	4	3.8
Was the child vaccinated	105	100
Yes	96	91.4
No	9	8.6
Medical problem of the child	105	
Yes	18	17.1
No	97	92.4
Child during the illness	105	100
Taken to health institution	71	67.6
Assisted by traditional healer	24	22.9
Given home care only	10	9.5

Source: Computed from primary data

Table 3

H₁: There is a relationship between Weight of the children and socio-characteristics of the mother's.

Table 3: Correlations

		Weight of the children	Mother age	Mother education
Weight of the children	Pearson Correlation	1	.380**	.011
	Sig. (2-tailed)		.000	.908
	N	105	105	105
Mother age	Pearson Correlation	.380**	1	.221*
	Sig. (2-tailed)	.000		.023
	N	105	105	105
Mother education	Pearson Correlation	.011	.221*	1
	Sig. (2-tailed)	.908	.023	
	N	105	105	105

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Table-3 gives the mean weight and mother's age and education with standard deviation. The r value is positive for the variables weight of the children and mother's age, the p value 0.000 is below the 0.01, so we reject the H₀ accept H_A. Hence, there is significant positive correlation between these two. Therefore increase in mother's age really increases the children's weight. The r values-0.380 for the variables weight of the children and mother education and the p value (0.023) is below 0.01, so we reject the H₀, therefore significant correlation exists between the two i.e. the mother education in the really negatively with weight of the children. The r value is 0.011 is negative, for the variables weight of the children and mother's education and the p value is 0.22, which is above 0.01 so we accept the H₀, i.e there is no correlation between weight of the children and mother's education.

Conclusion

Children development depends upon the children and mother's age and their nutritional status with underweight and overweight is significantly influenced of the children. Factors influencing food consumption behaviour of mother's breast feeding, mother's age, birth order of the child and initiation of the complementary food after six months and nutritious dietary score associated with the demographic characteristics of the parents.. However; to increase the awareness of influencing factors to improve the nutritional status of mother's during pregnancy. The quality of nutritious and time of consumption of the children is the major role of nutritional status of the children.

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