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A study on the occurrence of malnutrition in children (2- 6 years) of low income groups of Kanpur Nagar

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Abstract
Malnutrition among under-six year children is a major public health problem in India. Nutrition is one of the most essential things of life and plays a crucial role in body growth, development and maintenance of health. Without adequate nutrition it is not possible to maintain health and protection of the body from ailments. Nutrition provides energy to the body which utilises it to perform hundreds of biological and physical activities. Nourishment is one of the most fundamental things of life and assumes an essential job in body development, improvement and upkeep of wellbeing. Without sufficient sustenance it is beyond the realm of imagination to expect to keep up wellbeing and insurance of the body from afflictions. Sustenance gives vitality to the body which uses it to perform several organic and physical exercises. Malnutrition among children is often caused by the synergistic effects of inadequate or improper food intake, repeated episodes of parasitic or other childhood diseases such as diarrhoea and improper care during illness. There are two major types of malnutrition:
Protein-energy malnutrition - resulting from deficiencies in any or all nutrients.
Micronutrient deficiency diseases - resulting from a deficiency of specific micronutrients.

Keywords: Malnutrition, nutrition, India, children

Introduction
Nutrition plays important role in development of growth and development of child. In many developing countries poor nutritional status is mainly due to illiteracy, poverty, least job opportunities etc. Poor hygiene, intestinal infection, worm infestation are another important groups leading malnutrition in India. Malnutrition is of various types which can be broadly classified as Acute Malnutrition and Chronic Malnutrition. Malnutrition in children is common globally and may result in both short and long term irreversible negative health outcomes.

The World Health Organization (WHO) estimates that malnutrition accounts for 54 percent of child mortality worldwide, about 1 million children. Another estimate also by WHO states that childhood underweight is the cause for about 35% of all deaths of children under the age of five years worldwide. Nutritional status of under five children is a matter of concern worldwide and malnutrition is a one of the most important public health problems.

Globally, one quarter of under five children are stunted (estimated 162 million). South Asia particularly has a high prevalence of stunting (38%), underweight (32%) and alarmingly high percentage of wasting (16%) as compared to other regions in the world. As per National Family Health Survey III, 48% children in India are stunted, 43% wasted and nearly 20% are under weight. Maharashtra state is performing better in terms of stunting (46.3%) and wasting (16.5%), but the percentage of under weight children is higher (37%) as compared to national level statistics.

One particular of the main factors for malnutrition in Indian is economic inequality. Expected to the low sociable status of some human population groups, their diet usually lacks in both good quality and quantity. Women which suffer malnutrition are very much significantly less likely to possess healthy babies. Deficiencies throughout nutrition inflict long-term harm to both individuals and even society.

Definition of Malnutrition
Oxford dictionary
Malnutrition is defined as "Lack of proper nutrition, caused by not having enough to eat, not eating enough of the right things, or being unable to use the food that one does eat".

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"Malnutrition is a broad term commonly used as an alternative to under nutrition but technically it also refers to over nutrition. People are malnourished if their diet does not provide adequate calories and protein for growth and maintenance or they are unable to fully utilise the food they eat due to illness (under nutrition). They are also malnourished if they consume too many calories (over nutrition)".

Methodology
This survey was aimed to study the occurrence of malnutrition in children of 2-6 years of age belonging to the low income group.

Selection of Location
The children were selected from primary school and public school Kanpur

Selection of Sample
A total of 60 children of the age group 2-6 years belonging to the low income group were selected.

Data Collection Method
The data was collected by preparation of a questionnaire.

Construction of Questionnaire
A structured questionnaire was prepared which was isolated comprehensively into two sections: one for the mother and the other for the children. Data about the children included individual subtleties, anthropometric estimations, clinical data and eating example of the child.

General profile
Data regarding general profile of respondents were collected using the first part of the schedule. This section covered the aspects including respondents name, age, and sex, religion, status, type of family, income, educational status and all these are important for knowing the respondents socio-economic status. The age of each respondents was ascertained with the help of their date of birth.

Anthropometric measurement
Anthropometric Measurement of variations of physical dimensions. Hence, anthropometric measurements are useful criteria for assessing nutritional status. The anthropometric measurement included height (cm) and weight (kg) which were recorded using the procedure prescribed by.

Height Measurement
Height (cm) of the subjects was taken with the help of a measuring tape by sticking it on the wall. The subjects were made to stand erect, looking straight, buttocks, shoulders and head touching the wall, heels together, toes apart and hand hanging loosely by the sides, height (cm) was recorded in centimetres.

Weight
The personal weighing machine of maximum capacity of 120 kg and the minimum division of 0.5 kg was used to weight all the subjects and scale was sat to zero. The respondents were made to stand erect on the weighting scale without foot wear, not leaning against or holding anything and the weight was recorded in kg. The scale was adjusted to zero after each measurement.

Clinical signs and symptoms
The general appearance, body appearance, growth, skin, hair, nail, eyes and appetite of each subject were examined, In order to find out sign of nutritional deficiencies were present. Observations were recorded on the schedule as given in the table.

Limitations of Study
▪ The study is disbursed for brief amount, in order that time associate degreed different resources are restricted to an extent.
▪ It had been form schedule technique that has its own limitation of respondent dependent info with none various.

Result and Discussion
The information gathering of the distinctive angle per plan was organised and broke down measurably. The outcome from the examination are displayed and talked about in the accompanying arrangement.

Table 1: Distribution of respondents based on their Age

Age (Years)	Frequency (N=60)	Percentage (%)
2-4	30	50
4-6	30	50
Total	60	100

Above table demonstrates that maximum 50% (30) of respondents were belong form the age of 2- 4 years and 50% (30) of respondents were 4- 6years age group.

Table 2: Distribution of respondents based on their Gender.

Gender	Frequency (N=60)	Percentage (%)
Boys	35	58.33
Girl s	25	41.67
Total	60	100

Above desk shows that maximum 58.33% (35) of respondents were boys while minimum 41.67% (25) of respondent were girls.

Table 3: Distribution of respondents based on of their Monthly income.

Monthly income	Frequency (N=60)	Percentage (%)
High	0	0
Middle	0	0
Low	60	100
Total	60	100

Above table indicates that maximum 100% of respondent belong from low income group while non-of respondents belong from high income group and middle income group.

Table 4: Distribution of respondents based on of their Caste.

Caste	Frequency (N=60)	Percentage (%)
General	18	30.00
OBC	26	43.33
SC	16	26.67
St	0	00.00
Total	60	100

Above table shows that maximum 43.33% (26) of respondents were OBC and 30.00% (18) of respondent were General while minimum 26.67% (16) of respondents were SC, and 0% of respondents were ST

Table 5: Distribution of respondents based on of their Occupation of family.

Occupation of family	Frequency (N=60)	Percentage (%)
Agriculture	2	03.33
Business	07	11.67
Service	12	20.00
Labour	21	35.00
Total	100	100

Above table demonstrates that maximum 35% (21) of respondents were had labour class, while 20% (12) service class, 11.67 (07)% of respondents were had business, and minimum 03.33 (02)% of respondents were had Agriculture.

Table 6: Distribution of respondents based on of their Weight.

Weight	Frequency (N=60)	Percentage (%)
6-10	08	13.33
10-14	13	21.67
14- 18	29	48.33
18-22	10	16.67
Total	60	100

Above table shows that maximum 48.33% (29) of respondents were had 14-18 kg body weight, 21.67% (13) respondents were between 10-14 kg body weight, while 16.67% (10) respondents were had 18-22 kg, while minimum 13.33% (8) of respondents were had 6-10kg body weight.

Table 7: Distribution of respondents based on of their Health Status.

Health status	Frequency (N=60)	Percentage (%)
Normal	35	58.33
Malnourished	25	41.67
Total	60	100

Above table shows that maximum 58.33% (35) of respondents were normal while minimum 41.67% (25) of respondents were malnourished. Obtained DATAS were compared with standard weight for height table given by National Institute of Health.

Table 8: Distribution of respondents based on of their Growth.

Growth	Frequency (N=60)	Percentage (%)
Normal	47	78.33
Abnormal	13	21.67
Total	60	100

Above table depicts that maximum 78.33% (47) of respondents were had normal growth while minimum 21.67% (13) of respondents were abnormal body growth.

Table 8: Distribution of respondents on the basis of their Height.

Height	Frequency (60)	Percentage (%)
85.5-100.3	45	75.00
100.4-115.7	15	25.00
Total	60	100

Above table demonstrates that greatest 75% (45) of respondents were had 85.5-100.3cm tallness while least 25% (15) of respondent were had 100.4-115.7 stature.

Table 9: Distribution of respondents based on of their Consumption of milk every day.

Consumption of milk every day	Frequency (N=60)	Percentage (%)
Yes	18	30.00
No	42	70.00
Total	60	100

Above table shows that maximum 70% (42) of respondents were not taken milk every day while minimum 30% (18) of respondents were taken milk every day.

Table 10: Distribution of respondents based on Health Status

Health status	Frequency (N=60)	Percentage (%)
Diseases	18	30.00
Chronic illness	05	08.33
Normal	37	61.67
Total	60	100

Above table demonstrates that maximum 61.67% (37) of respondents were normal health and 30% (18) respondents suffering from disease while minimum 8.33% (05) of respondents were suffering from chronic diseases

Table 11: Distribution of respondents supported their Consumption of pulses a day.

Consumption of pulses a day	Frequency (N=100)	Percentage (%)
Yes	36	60.00
No	24	40.00
Total	60	100

Above table shows that maximum 60.00% (36) of respondents were consume pulses every day minimum 40.00(24)% of respondent were not consume pulses every day.

Summary
In recent years, largely individuals were affected deficiency disease as a result of dietary habits and nutrition standing of children were unhealthy. Prevalence of deficiency disease shows that their poor dietary habit. The present study entitled "a study on the occurrence of malnutrition in children (2- 6 years) of low income groups of Kanpur Nagar." Total a hundred respondents of 2-6 years were hand-picked for study purpose. Space easy sampling was taken for sampling. Primary and secondary knowledge was collected through form methodology. Within the study that most thirty of respondents were belong children the age of 2-4 years and thirty of respondents were 4-6 years people. Most thirty five you look after respondents were boys whereas minimum twenty five of respondent were girls.

Most twenty six of respondents were other back word casts and eighteen of respondent were general casts whereas and sixteen respondents were scheduled castes, none of these respondents were scheduled tribal. Most of sixty respondent belong from low financial gain cluster whereas non-of respondents belong from high income group and middle income group.

Most twenty one of respondents were had labour, whereas twelve of respondents were had service, and seven of respondents were business and minimum two respondents were agriculture. Greatest seventy forty five of respondents were had 85.5-100.3cm tallness while least fifteen of respondent were had 100.4-115.7 stature.

Most twenty nine of respondents were had 14-18 kg body weight, thirteen respondents were between 10-14 kg body weight, while ten respondents were had 18-22 kg, while minimum eight of respondents were had 6-10 kg body weight. Most thirty five of respondents were normal while minimum twenty five of respondents were malnourished. Maximum thirty seven of respondents were normal health and eighteen respondents suffering from disease while minimum five of respondents were suffering from chronic diseases

Conclusion

Present investigation likewise presumed that the dietary admissions of the youngsters were insufficient and neglected to meet the prescribed stipends which could have prompted weakness of the children and everywhere made the children helpless to visit diseases. Poor cleanliness and sterile conditions are additionally the reasons of these diseases. This study found that children are not getting sufficient amount of milk and pulse. Because only sixty percent of the children are to able to consume pluses and thirty percent of the children are able to consume milk. Due to which the lack of nutrition in children is increasing

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