



***SIGNIFICANT ANALYSIS OF ENERGETIC DEVELOPMENT IN
CHILDREN AND ASSESS OF OUR FORMAL DEVELOPMENT
INTERVENTION***

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ABSTRACT-Protein-energy malnutrition (PEM) is a noteworthy public health problem in India. This affects the child at the most crucial timeframe of development, which can lead to permanent disability in later life. PEM is measured in terms of underweight (low weight for age), stunting (low height for age), and wasting (low weight for height). The prevalence of stunting among under-five is 48%, and wasting is 19.8%, and with an underweight prevalence of 42.5%, it is the highest in the world. Under-nutrition predisposes the child to contamination and complements its impact in adding to child mortality. Look into the various determinants of PEM in under-five children and its interrelation in the causation of PEM. The determinants of PEM are broadly classified under four distinct categories:

The socio-cultural factors play an important role wherein; it affects the disposition of the parental figure in feeding and care practices. Faulty feeding practice notwithstanding the poor nutritional status of the mother further worsens the situation. The vicious cycle of poor nutritional status of the mother leading to low birth weight child further exposes the child to susceptibility to infections which aggravates the situation. Nonetheless, it is seen that percapita salary of the family did not have much bearing on the poor nutritional status of the child rather lack of legitimate health-care services adversely added to the poor nutritional status of the child. This evaluates viability of planned health teaching program about Protein-energy malnutrition.

Keywords:Child Mortality, Faulty Feeding, Health-Care, Poor Nutritional, Protein-Energy Malnutrition



1. Introduction

Nutrition is the cornerstone of good health and has always been a center focus in natural prescription, which helps people to accomplish optimal health. Nutrition is essential to keep up our health and to shield ourselves from illnesses. A well-nourished body equally distributes the nutrients from food we eat to all parts of our body. On the off chance that we don't get the nutrients that we need, our bodily processes will be influenced and eventually will lead to an increased risk for illness. The eating regimen should be such that it can keep up physical proficiency and great health.

The well-being of an individual depends more on ideal nutrition than on whatever else. Children are the youthful saplings in the greenhouse of life. To love them is to turn our minds to the bountiful maker. Their support and solicitude is our responsibility. They are the future citizens and their health is a country's wealth. There is a saying that "Country marches on small feet of youthful children and no country can flourish without due love and consideration paid to its children." Today's children are tomorrow's adults and it's our prime obligation to ensure and advance their health, so as to help in accomplishing the goal of holistic health for the youthful population of India. Sixty five years on, since India won autonomy in 1947, it has gained substantial ground in human development yet at the same time standing up to with malnutrition among its under-five children.

The problem is so acute that despite fast progress in food creation, disease control and striking monetary and social development, India today, with only one-fifth of the world's population, accounts for 40 percent of the world's malnourished children. Widespread in the heartland, it is a central point influencing child health. The child population is the most important section of the society which needs' exceptionally careful nurturance. Children reserve the privilege to a minding and defensive condition and to nutritious food and basic health care to shield them from illness and advance growth and development. The show on the rights of the child, drafted by the



UN Commission on Human Rights in 1989 recognizes the privilege of all children to the highest attainable standard of health. India endorsed this show in 1992.

Despite this, the greater part of the children below six years of age keeps on suffering from moderate to severe malnutrition in our nation. On May 2, in its Progress for "Children World Report" on Nutrition show half of the world's underweight children live in South Asia. In East Asia, China is leading the route in decreasing under nutrition. Slow progress is being made in the West and Central African nations. In the Middle East, populous countries such as Iraq and Sudan are slipping backward.

The report also states that 57 million children in India are undernourished, either moderately or severely and it has the highest number of malnourished children in the world with Madhya Pradesh being the worst influenced state. Malnutrition refers to deficiencies, excesses, or imbalances in intake of energy, protein, or potentially different nutrients. It is an ecological problem and the final product of multiple overlapping and interfacing factors - physical, biological, social and cultural condition and monetary conditions.

WHO defines malnutrition as "a pathological condition arising from a coincidental lack in shifting extent of protein and calorie, happening most frequently in infants and youthful children, commonly associated with the disease? In opposition to normal usage, the term 'malnutrition' correctly includes both under-nutrition and over-nutrition (Protein-Energy Malnutrition. Under nutrition is the result of insufficient food intake to meet dietary energy requirements, poor absorption, and poor biological use of nutrients consumed rehashed infectious diseases and lack of consideration. It stunts children's growth and development and in girls, their later ability to endure healthy children. Fifty-three percent of all infant and infant deaths have under-nutrition as an underlying cause. It can also lead to long-term sway on health outcomes in their later lives. Malnutrition is frequently part of a vicious cycle that includes poverty and disease. The factors, viz., malnutrition, poverty, and disease are interlinked in such a way that each contributes to the



presence and perpetual quality of the others. It makes its principal sway on youthful children in developing countries.

2. Socio-Cultural Factors Affecting Feeding Practices

Appropriate child feeding behavior goes a long way in preventing and overcoming malnutrition and determining a child's growth. As feeding practice changes with age, a fourfold increase in the prevalence of under-nutrition is seen from 15.4% (0-6 months) to 52.6% (12-23 months) This can be attributed to early initiation of complementary feeds in the earlier months and late weaning and inadequate amount of complementary feeds in the later months A delay in the initiation of breast feeding, lack of colostrum and inappropriate complementary feeding were significantly associated with underweight and stunting.

Inappropriate feeding practices are closely related to cultures and beliefs. Mothers feed their children with prelacteal feeds to cleanse their intestines and did not initiate complementary feeds thinking that it will lead to infections. Beliefs like considering colostrums as witch's milk and cultural practices of prelacteal feeds exposed the child to infections which contributes to under-nutrition. The feeding practices come up as a major concern in combating under-nutrition with hidden cultural values and beliefs.

Maternal nutrition

Maternal nutritional status has a direct relation to the child's nutritional status. An undernourished mother gives birth to a low birth weight baby who grows up with compromised feeding and infections to a stunted child and adolescent and carries this vicious life cycle approach by giving birth to an underweight child. Women with height <145 cm and body mass index <18.5 are likely to give birth to low birth weight children. With a low birth weight prevalence of 28%, these children are already compromised before birth.

Infection



The vicious cycle of disease and under-nutrition go inseparably. With inadequate dietary intake, the invulnerable response gets weaker and increases susceptibility to infections. A single episode of disease is easy to recover; however, on the off chance that the child suffers from rehashed infections without sufficient dietary intake, it becomes difficult to recapture normal growth. Contamination was commonly diagnosed in children suffering from under-nutrition.

Gender

National Family Health Survey II (NFHS II) announced an underweight prevalence of 48.9% among girls contrasted and boys (45.5%). Indeed, even the extent of severe underweight was greater for girls (18.9%) than boys (16.9%). Similar findings were seen in West Bengal, where under-nutrition among girls (54.8%) surpassed those of boys (46.8%) and the thing that matters was higher for moderate and severe forms. Be that as it may, these differences are not merely biological but rather the consideration and feeding practices makes up for the distinction. Timely feeding and continuation of breast feeding were seen more among boys than girls.

Mother's literacy status

A decreasing trend in all forms of under-nutrition is observed where the literacy status of mother increased. Children of illiterate women were twice as likely to show signs of underweight and stunting as those who had at least completed high school. Children whose mothers were illiterate showed 3 times higher prevalence of wasting than literate mothers. Increasing literacy status of a mother has a positive effect in reducing under-nutrition since she is the first contact of care for the child and a more informed and literate mother is at a better position to take care of her child.

Poverty and income

Under-nutrition is increasingly regular in the lower pay groups and regardless of whether malnutrition is present in the upper pay gathering, it is limited to the milder forms. There is over representation of "in reverse" caste and socially excluded groups in the society among the poor people, which exposes them to further disadvantages of poverty, food insecurity and under-



nutrition. NFHS II findings suggest a twofold increase in under-nutrition among children belonging to households with low standard of living than with an exclusive requirement of living.

3. Prevention Of Protein-Energy Malnutrition Through Socio-Economic Development And Community Participation

The UN-ACC/SCN report indicates that, in most parts of the world, nutritional status has improved during the past 25 years. In any case, proceeded with prevalence in numerous countries of low weight-for-age in preschool children indicates that the improvements in nutritional status did not progress at the same rate during the 1980s as during the 1970s. Moreover, the prevalence of low-birth-weight infants, who are at high risk of developmental delay and death, has also remained significantly high. This consolidated information demonstrates the relatively poor nutritional status of children from developing countries. With population growth, this means the absolute number of malnourished children has risen. The level of low-weight-for-age children is, be that as it may, estimated to have declined from 8% in 1974/76 to 6% in 1979/81. Since at that point, the quantity of underweight children has stayed at around 2.3%. In China, there has been an obvious improvement in nutritional status in both urban and rural schoolchildren in the past 10 to 15 years.

In Middle America and the Caribbean, including Mexico and Central America, the occurrence of underweight children is estimated to have declined from 13% in 1974/76 to 9% in 1983/84. The most significant decline has been seen in Mexico, which accounts for almost 70% of the total child population in this gathering of countries. In Caribbean countries, the situation is less favorable. During the late 1970s and early 1980s, malnutrition increased, and hospital admission for severe malnutrition doubled somewhere in the range of 1975 and 1985. Differences in the prevalence of underweight children among these countries are reflected in the differences in the mortality rates of infants and children. In Cuba and Costa Rica, infant mortality rates in 1980/85



were estimated at 17 and 20 for each 1,000, respectively, which approach the infant mortality rates in high-pay countries.

In part of South and Southeast Asia, there was a slight decline in the frequency of malnutrition in children, from 70% in 1980 to 67% in 1983/85. In any case, because of a proceeded with high birth-rate, absolute numbers of underweight and malnourished children kept on increasing, from around 94 million of every 1974/81 to almost 98 million out of 1983/84. Southeast Asia, specifically, showed almost no change from 1979/81 to 1983/85, with approximately 18 million children, or 34%, suffering from malnutrition.

4. Perceptions Of Malawian Nurses About Nursing Interventions For Malnourished Children And Their Parents

In developing countries, malnutrition among children is a noteworthy public-health issue. It is one of the most serious global risk factors for illness and death. Malnutrition during childhood affects later in life as it is associated with significant functional weakness, diminished work capacity, and decreased financial efficiency. Malnourished children are bound to suffer from delayed psychological development, poor school execution, and lower intellectual achievements. In developing countries, 39% of children, matured less than five years (under-five children), are estimated to be chronically malnourished.

Also, stunting, severe wasting, and intrauterine growth restriction together are responsible for 21% of deaths of under-five children worldwide. The rate of mortality among children with severe malnutrition is over 20%. The prevalence of malnutrition characterized as weight or height that falls more than two standard deviations below the normal among children is estimated to be 49%. Despite this, enough focus has not still been given on interventions and treatment to advance a superior nutritional status among children in developing countries. Malnutrition does not just seem to be a poverty issue. Lack of knowledge and low dietary quality of food given to children are also two likely contributing factors.



There is some proof that nutrition-education interventions can result in favorable growth and development. Nutrition is an important piece of nursing care. Great healthcare can't be given without having satisfactory knowledge about nutrition. This study endeavors to describe how the nurses at a rural hospital in Malawi thought of the issue, how they felt that they could help malnourished children and their parents, and what they thought could be done to improve the situation further.

5. CONCLUSION

People with malnutrition contribute little to national progress and become a major weight. Malnutrition is the real health problem in the world today. The greater part of the next generation is growing up undernourished. Of 850 million children under the age of five, 350 million are estimated to be undernourished. The outstanding manifestations of under-nutrition in children are a hindrance of growth and development and specific nutritional deficiency signs. Of the latter, protein-energy malnutrition, vitamin A deficiency, Iron deficiency diseases are the most important. Numerous children below five years of age suffer from various grades of malnutrition. In the absence of consideration and follow-up, these children may not be able to manifest their full hereditary potential and human capability. The Indian population is passing through a transition phase where subsistence conditions are being replaced by plentiful food yet diminished physical work and like this, an understanding of the changing nutritional scene is crucial.

Nutritional research in India has made several advances throughout the years and contributed significantly to the improvement in the nutritional status of the Indian population, and furthermore has made a specialty in the global nutritional research scenario. Nutritional research in India has been mainly public health situated and thus is immediately relevant to the national needs. Several solutions on laboratory-based research have led to strategies and national programs for avoidance and control of malnutrition. The following table shows the rate distribution of malnourished children in India.



Early childhood (0-4 years) is a critical period for a child's physical and socio-psychological development. The Government, state, and the voluntary sector have implemented countless programs for the children and nursing and hopeful mothers to enable children to develop their full potential. Despite these efforts, the situation of children is a long way from satisfactory, notable gains on most health, nutrition, and different indicators notwithstanding. The IMR, even though it is showing a positive descending pattern, was still disturbing. This race continues to be high when contrasted with those prevalent in several developing countries. Around 33% of babies conceived are of low birth-weight; I the rate of malnutrition and dreariness, especially among children below three years structure the underprivileged sections of the society continues to be high. She also proposed that for the country to have a reliable and productive program as well as data system on the three focal concerns of early childhood, namely; survival, growth, and development.

Children are the invaluable assets of the country, and their physical and educational development determines the degree to which they can add to the national growth and prosperity. Their nutritional status exerts a significant impact on the physical and intellectual progression of children and India being a developing nation needs healthy children with better labor. Children of under the age of 5 years are most vulnerable gathering succumbed to nutritional diseases. Inhomogeneous poor communities living under fairly uniform socioeconomic and environmental conditions, considerable variety is observed in the health and nutrition status of pre-school children. There are numerous factors that influence the nutritional status of children. To understand the real problem of nutritional status, one has to study the influential factors of nutritional status.

References

1. Joosten KFM, Hulst JM. Prevalence of malnutrition in paediatric hospital patients. *CurrOpinPediatr* 2008;20:590–6



2. Secker DJ, Jeejeebhoy KN. Subjective global nutritional assessment for children. *Am J Clin Nutr* 2007;85:1083–9.
 3. Black RE, Allen LH, Bhutta ZA, et al. Maternal and child undernutrition: global and regional exposures and health consequences. *Lancet* 2008;371:243–60.
 4. Seal A, Kerac M. Operational implications of using 2006 World Health Organization growth standards in nutrition programmes: secondary data analysis. *BMJ* 2007;334:733.
 5. Myatt M, Khara T, Collins S. A review of methods to detect cases of severely malnourished children in the community for their admission into communitybased therapeutic care programs. *Food Nutr Bull* 2006;27:S7–23.
 6. Badaloo A, Reid M, Forrester T, et al. Cysteine supplementation improves the erythrocyte glutathione synthesis rate in children with severe edematous malnutrition. *Am J Clin Nutr* 2002;76:646–52.
 7. Black, RE, Allen, LH, Bhutta, ZA; Maternal and Child Undernutrition Study Group . Maternal and child undernutrition: global and regional exposures and health consequences. *Lancet*. 2008;371:243–260
 8. Black, RE, Victora, CG, Walker, SP. Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet*. 2013;382:427–451
 9. Victora, CG, Adair, L, Fall, C; Maternal and Child Undernutrition Study Group . Maternal and child undernutrition: consequences for adult health and human capital. *Lancet*. 2008;371:340–357
 10. Kerac, M, Mwangome, M, McGrath, M. Management of acute malnutrition in infants aged under 6 months (MAMI): current issues and future directions in policy and research. *Food Nutr Bull*. 2015;36:S30–S34.
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11. Trehan, I, Manary, MJ. Management of severe acute malnutrition in low-income and middle-income countries. Arch Dis Childhood. 2015;100:283-287.