



**Growth Vs Nutritional Status of Primary School Children in Rural Areas,
Gujarat: An exploratory study**

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ABSTRACT

Background: Children are the nation's most important investment in human development. In all aspects, the quality of life for pupils remains low, particularly in rural regions and urban slums. Since a result, monitoring the nutritional condition of youngsters is essential, as it is a major indication of the nation's investment in the growth of the future workforce. The nutritional status of children is a powerful predictor of adult nutrition and health. Undernutrition and micronutrient deficiencies continue to be significant global public health concerns, particularly in India. Therefore, the comprehensive health care provided by this division will address the health needs of these vulnerable populations. **Methods:** The objective of this study is to quantify the nutritional status of school-aged (8-12 years old) children using a quantitative approach. Physical growth and nutritional status, as well as their connection, will be investigated using a non-experimental study approach. The research is conducted at a range of elementary schools. **Result:** Regarding higher education, 40% of students have good nutrition, 50% have malnutrition, and 10% have poor nutrition, according to nutritional status data. Attitude score indicates that 45.59% of respondents had a good view toward higher education, whereas 30% had a negative attitude.

Keywords: **Growth, Nutritional, Primary School, Children**

Introduction:

Children are the nation's most crucial investment in human development. The quality of life for schoolchildren continues to be dismal by all criteria, particularly in rural regions. Undernutrition and micronutrient deficiencies continue to be significant global public health concerns, particularly in India. ^[1] Therefore, the comprehensive health care provided by this division will address the



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health needs of these vulnerable populations. Health practitioners and planners have not given school-aged children the same degree of attention as children under the age of five.^[2,3] At a 1994 international workshop in Kentucky, United States, it was determined that there was a dearth of community-level data on the health condition of school-aged children from disadvantaged nations. Children under the age of five receive priority care through a variety of maternal and child health programs, however, children between the ages of five and fifteen are neglected.^[4,5]

School health services are a valuable resource for early detection and treatment of health issues. At least 170 million youngsters are stunted. This indicates that kids are likely to begin school later and do badly academically. As adults, stunted children are anticipated to earn 20% less than their counterparts.^[7] Children in the poorest nations are twice as likely to be chronically malnourished as those in the wealthiest nations. Already, a considerable number of children's lives have been spared. At least 170 million youngsters are stunted. This indicates that kids are likely to begin school later and do badly academically. As adults, stunted children are anticipated to earn 20% less than their counterparts. 7 Children in the poorest nations are twice as likely to be chronically malnourished as those in the wealthiest nations.^[8,9]

Already, a considerable number of children's lives have been spared. India has the highest rate of malnutrition children in the world.^[10] Each year in India, more than 1.83 million children die before their fifth birthday, the majority of them due to avoidable causes. 48% of the population of India consists of children that are stunted. 12 Despite a 50% growth in GDP since 1991, India remains home to almost a third of the world's starving children. India, a country with a lower middle income, has an unacceptably high stunting rate of 48%, but with substantial variation between states.

In past surveys, it was estimated that about half of the population was malnourished. Using the equation $n = 4pq/d^2$, the sample size was determined. n is the sample size, p is the prevalence, q is $(1-p)$, and d is the accuracy.

Methodology: Children registered in school registries, children enrolled in grades I through V of primary school, and children aged 6 to 11 years were eligible for inclusion in the research. Whereas the exclusion criteria consisted of children who were unreachable despite two school visits and children and parents who were unwilling to consent to or participate in the study.



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Children were questioned and evaluated in classrooms with the aid of instructors during school hours. Two attempts were made to find absent children within the school. For the study, predesigned, pretested proforma were utilized.

Result

Table -1: - This section describes the demographic variable characteristics of students and is provided in frequency and percentage form.

N= 50

Sample characteristics	Category	Frequency	Percentage (%)
Age	8-9 year	13	26.0
	9-10 year	13	26.0
	10-11 year	15	30.0
	11-12 years	9	18.0
Sex	Male	30	60.0
	Female	20	40.0
Religion	Hindu	25	50.0
	Muslim	14	28.0
	Christian	6	12.0
Types of school	Government school	24	48.0
	Private school	26	52.0
Types of family	Nuclear family	13	26.0
	Joint family	19	38.0
Education of mother	Postgraduate	16	32.0
		11	22.0
		13	26.0
		8	16.0
		2	04.0
Occupation of mother	Professional	9	02.0
		11	22.0
		8	16.0
Birth order of the child	Nonprofessional	3	06.0
		3	06.0
Birth order of the child	Housewife	16	32.0
		12	24.0
		12	24.0
Socioeconomic Status	Low socioeconomic status	25	50.0
	High socioeconomic status	25	50.0
Dietary Habits	Vegetarian	13	26.0
	Non-Vegetarian	7	14.0
	Mixed		



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Age (In Years): indicates that 30 percent of pupils were between the ages of 10 and 11 years. The percentage of pupils aged 9 to 10 years old is (26%). 26% of those aged 8-9 years were in the age bracket of 11-12 years (18%).

Gender: The preceding table indicates that the majority of samples (60%) belong to the Male group, while 40% belong to the Female category.

Religion: The preceding table indicates that the bulk of samples are Hindu (50%), while Muslims (28%) and Christians (12%) make up the remainder.

Type Of the School: The preceding table demonstrates that the majority of samples (48%) are from public schools, but the majority (52%) are from private institutions.

Education Of Mother: The preceding table demonstrates that the bulk of samples is illiterate (32%), followed by those with a Primary Education (22%), Secondary school Education (26%), Intermediate Education (16%), and Bachelor's Degree or higher (4%).

Mother's Occupation: The aforementioned table demonstrates that the bulk of samples is Professional (22%), followed by Non-Professional (16%), Labourer (48%), and Housewife (6%).

Type Of Family: The majority of samples (26%) belong to the Nuclear Family, while others (38%) and 36% belong to the Joint Family and Extended Family, respectively.

Birth Order of The Child: The above table demonstrates that the bulk of samples (32%) belong to the first child, followed by the second (24%), third (24%), fourth (20%), and fifth (20%).

Socioeconomic Status: The preceding table demonstrates that the majority of samples (50%) have a low socioeconomic level, while those with a high socioeconomic status (50%) have the same status.

Dietary Habits: The above table demonstrates that the majority of samples are vegetarian (26%), as opposed to non-vegetarian (14%) and mixed (60%) diets.

Discussion: Early nutritional experiences may have lasting consequences. This topic examines the natural development of eating habits and how to distinguish between frequent and often temporary eating challenges and chronic disorders in order to facilitate the adoption of healthy eating practises. Parents have a vital role in encouraging children to consume healthy foods. Breastfeeding provides infants with a nutritional boost from birth and may assist them in learning to manage their food intake. Early nutritional experiences may have lasting consequences. This



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topic examines the natural development of eating habits and how to distinguish between frequent and often temporary eating challenges and chronic disorders in order to facilitate the adoption of healthy eating practises. Parents have a vital role in encouraging children to consume healthy foods. Breastfeeding provides infants with a nutritional boost from birth and may assist them in learning to manage their food intake.

Inference: We desire to understand more about our past and recall how it influenced us as adults. This is an intriguing field of study, and as a teacher, you may be worried about the well-being of your children. For policymakers and implementers, such as teachers, physical abuse and mental retardation are equally compelling problems. Development is the process of growth and change that begins at conception and continues throughout an individual's whole life. It is extraordinarily complex and the consequence of several processes. Unusually, genes, environment, motivation, progressive bodily differentiation, and its consequence all play a part in human physical growth.

Recommendations:

1. Similar research may be conducted to determine the attitude and behaviour of parents towards their child's nutritional status.
2. Similar research may be conducted on pre-schoolers' cognitive development.
3. It is possible to compare the academic performance of urban and rural schoolchildren.
4. It is possible to study the effect of maternal nutritional status and nutrient consumption during pregnancy on the delivery and development of children.
5. A comparison of rural and urban children's nutritional status, intellect, socioeconomic position, and engagement in extracurricular activities.
6. Similar research may be conducted on a large sample of moms of school-aged children about their physical growth and nutritional health.

Conclusion: Following a thorough examination, the research reaches the following results. The nutritional condition of school-aged children is directly influenced by their physical growth. The observational profile of the kid suggests that the majority of youngsters were malnourished and underweight. Information provided by the self-instructional module and moms was deemed effective.

Competing interests: No competing interests

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