



CHAPTER 1

1.1 Introduction:

In developing societies, the pre-school children are particularly victims of malnutrition. They are often weaned from breast feeding to predominantly starchy adult diet, they also predisposes to disease and high mortality. Pre-school children are (the nutritionally) the most vulnerable segment of population. In the absence of precise information, there are speculative hypothesis of the extent and pathogenesis of nutritional deficit in pre-school children. So information is vitally needed for action. (Ghai O.P. Chaudhuri 1970)

If a child is malnourished he can not attain his intellectual potential. If a nation's children are malnourished, that nation can not reach its potential among the family of nations" (Wary and Agiurre 1969).

Health indicators of Nepal given below :

1974 Child survivorship (showed that) of infant mortality has been estimated 165 per thousand for the Tarai region of Nepal. Per capita income was only US Dollar 140/yr, per capita daily supply of food energy 89 % of the requirement. (Martorell 1984)

Major health problems of Nepal:

1. Infectious disease
2. Environmental sanitation
3. Malnutrition
4. Growth of the population (Pradhan 1980).

Nepal's 7th five year plan has given priority to maternal and child health [MCH] services in the health sector. His majesty government and non-governmental organizations have been taking active part in expanding maternal and child health services and enhancing people's awareness to alleviate malnutrition. Malnutrition is a major health problem in Nepal, particularly affecting the rural area. More than 94 % of people live in the rural areas, and many of them are unaware of their children suffering from mild or moderate degree of malnutrition. A condition which the majority of people perceive as "Runche". Moderate undernutrition is culturally diagnosed as "Runche" in and around the Kathmandu valley. It is usually seen in children between 1 to 3 years of age. Adult people can identify a "Runche" child, they interpret that the child having the spell after being touched by a pregnant woman. The traditional treatment of this problem includes a series of early morning bath. In fact, this condition usually follows an episode of diarrhoea, fever and measles. The objectives of my study are to find out the prevalence of the malnutrition, and the factors associated with nutritional status in Dadhikot

village. The result of the study could be used for suggestion and recommendation for further implementation of nutritional program in the community. It is anticipated that these findings will be useful for governmental and non-governmental organization.

1.2 Background and rational:

Nepal is a land-locked country; 94 % of its population is engaged in agriculture. Rice is the staple food. There are multiple causes of malnutrition. Poverty is the main cause with all its known aspects: lack of education, lack of general health care, poor sanitary condition, superstition and ignorance. Malnutrition is widely prevalent all over especially in rural areas. In 1975, a nutritional assessment was done in children from 6 months to 6 years; The prevalence of undernourished and malnourished was 54.7 % respectively (WHO 1975). In Nepal a survey report (Pradhan 1978) found that the children had symptoms of clinical protein energy malnutrition (PEM) as the first degree, second degree and the third degree, malnutrition 29.3, 29.3, 5.1 percents respectively. An international conference on nutrition, reported that malnutrition existed in some form or the other in every country, and showed the prevalence of chronic malnourished children are 500 million. 13 million children under 5 years die every year from direct or indirect result of hunger and malnutrition (F.A.O. 1992).

1.3 (A) General objective of the study:

To study the prevalence of malnutrition, and factors associated with the nutritional status of pre-school children in Dadhikot village.

1.4 (B) Specific objective:

-To find out the prevalence of malnutrition among pre-school children in rural area Dadhikot village of Nepal.

-To identify the factors associated with the nutritional status among pre-school children in Dadhikot village.

1.5 Research question

* Primary research question: What is the prevalence of malnutrition among pre-school children in Dadhikot village in Nepal ?

* Secondary research question: What are the factors associated with the nutritional status of the pre-school children in Dadhikot village in Nepal ?

1.6 Hypothesis of the study:

* Prevalence of malnutrition among pre-school children in Dadhikot village is about 20 % .

Education, occupation, income, mother job outside home (regular, irregular, no job) were considered to be the associated factors affecting nutritional status of the pre-school children. These factors were assessed to test the association. Possible hypothesis was formulated :

1. The significant association between the level of education of the parents and nutritional status of their pre-school children.

2. The significant association between occupation of the parents and nutritional status of their pre-school children.

3. The significant association between low income and their nutritional status of the pre-school children.

4. The significant association between mothers job outside home: regular job, irregular job, no job outside home and the nutritional status of the pre-school children.

All these possible factors might be affected nutritional status of the pre-school children.

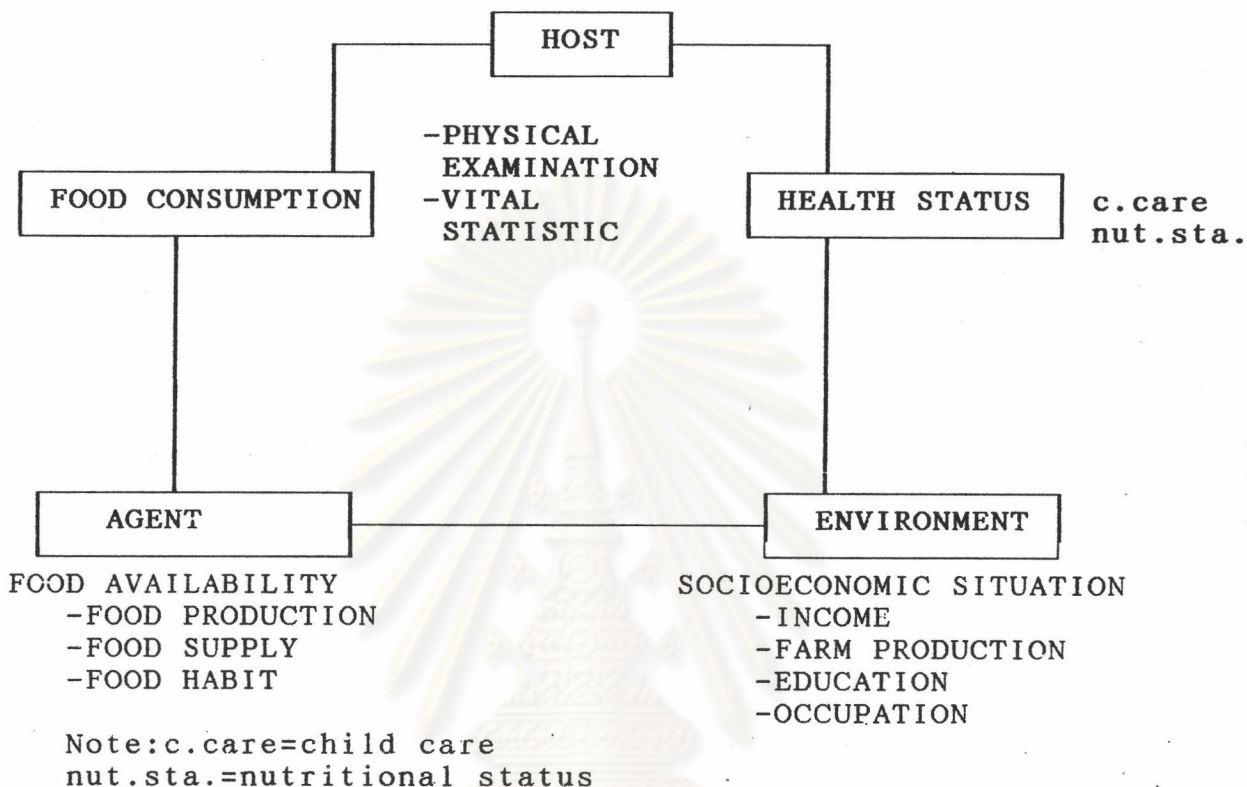
1.7 Assumption:

- Data obtained by interviewing the head of the family, or mother of a child/children are equally reliable.

- The scoring system used for various indicators formulation are equally weighed in relation to nutritional status, and can be used as dichotomous, and interval scale of measurement

1.8 Conceptual frame work:

The interaction between various factors can be summarized in the following conceptual frame work



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1.9 Operational definition:

Pre-school children: means children under 5 years.

Rural area: means an area (underdeveloped village) out side the municipality.

Nutritional status : means a state of good health, physically and mentally. It is a result of adequate diet taken by children for proper growth and development and repair of tissue.

Malnutrition means when a child is lacking one or more nutrients needed for proper growth and development of the tissue and organs of the body. Protein energy malnutrition (PEM) comprises a range of conditions. One of the severe forms of PEM is kwashiorkor, (under weight and the child has always (oedema).

Prevalence means data providing information and administrative action and administrative decision regarding the number of affected as well as likely to be the under-nourished or malnourished in a population at a given period of time.

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1.10 Ethical consideration:

The researcher must think of the risk and benefit of the subjects. But in this study there is no harm because there is no administration of drug to the subject; it is a cross sectional observational study. So the verbal consent taken in this study.

1.10 Limitation and obstacle:

This study is done in a village of Dadhikot of Nepal. The study represents the children of Dadhikot village only, not the whole of Nepal.

1.11 Expected benefit of the study:

1. The study result is expected to benefit the subject as well as community.
2. Early detection of the undernourished and malnourished children in the study area referred to the appropriate place with recommendation.
3. The investigator will gain a learning experience from this study, which will be useful for her future career.
4. The study result will provide a baseline data for future research and implementation of program.