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The Impact of Poor and Inadequate Nutrition on Children in Early Age

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Abstract : Poor and inadequate nutrition during early childhood is a major determinant of both immediate and long-term health outcomes. Early childhood is a critical period for growth and development, and nutrition plays a pivotal role in shaping physical, cognitive, and emotional well-being. Inadequate nutrition during this period can lead to a range of adverse effects, including stunted growth, developmental delays, weakened immune systems, and an increased susceptibility to chronic diseases later in life. This paper explores the various ways in which poor nutrition impacts young children, focusing on the effects of malnutrition, micronutrient deficiencies, and imbalanced diets. The long-term consequences, both for the individual child and for society, are also discussed. Finally, the paper highlights the importance of early intervention, proper dietary guidelines, and public health policies aimed at improving child nutrition worldwide.

Introduction - Nutrition is a major factor in bringing out the maximum potential that one is endowed with both physically and mentally. Good nutrition depends on an adequate food supply and this in turn on sound agricultural policy and a good system of food distribution. Widespread malnutrition is largely a result of dietary inadequacy and unhealthy lifestyles. Other contributing factors are faulty feeding habits, large family size, frequent infections, poor health care, inadequate sanitation and low agricultural production. The early years of a child's life are critical for physical, cognitive, and emotional development. During this time, nutrition plays an essential role in determining both short-term and long-term health outcomes. Adequate nutrition is necessary for proper growth, development of a healthy immune system, and cognitive function. Unfortunately, millions of children worldwide suffer from poor and inadequate nutrition, which has profound effects on their development and future health. The consequences of malnutrition, particularly in the first 1000 days—from conception to two years—are far-reaching, affecting children's survival rates, cognitive abilities, and overall well-being.

This paper aims to explore the impact of poor and inadequate nutrition on children in the early stages of life. It will review the effects of malnutrition, nutrient deficiencies, and imbalanced diets, as well as discuss the implications for long-term health. Additionally, the paper will examine strategies for addressing these issues and improving child nutrition globally.

Hypothesis:

1. Poor and inadequate nutrition is the main cause of malnutrition.

Objectives:

1. To study the prevalence of malnutrition in children of Maihar and Unchehara block of Satna district among.
2. To study the causes of malnutrition in selected areas.
3. To counsel the malnourished children and their parents.
4. To know the effect of counselling on nutritional status and knowledge of parents and children.

Research Methodology: In the initial step, two blocks of Satna district, namely **Maihar** and **Unchehra**, were selected. Within each of these blocks, all sectors were listed comprehensively. After selecting the sectors, Four Anganwadis in each sector were then randomly selected for the study. In each selected Anganwadi, a list of malnourished children was prepared. From this list, 20 malnourished children in each Anganwadi were randomly selected for inclusion in the study.

Result and discussions: This chapter presents the analysis and interpretation of the data collected to assess the differences in various dependent variables between the two groups: Maihar and Unchera.

Chi-Square test, were employed to evaluate whether significant associations or differences exist between these groups for each dependent variable.

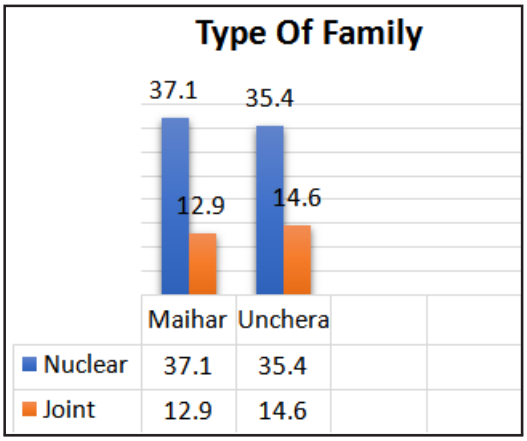

Figure-01

In Maihar, nuclear families dominate, comprising 74.2% of households, while joint families constitute 25.8%.

Conversely, Unchehra also shows a higher proportion of nuclear families (70.8%) compared to joint families (29.2%).

Across the two blocks, joint families are slightly more prevalent in Unchehra (53.0%) compared to Maihar (47.0%).

In contrast, nuclear families are more prevalent in Maihar (51.1%) than in Unchehra (48.9%).

Overall, joint families account for 27.5% of the total sample, with nuclear families representing a significantly higher share at 72.5%.

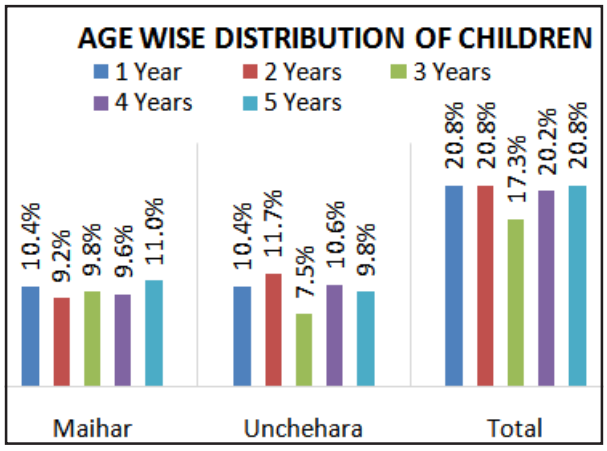

Figure-02

Maihar: The percentage of households with varying numbers of children (1 to 5) is relatively even, ranging from 18.3% (2 children) to 22.1% (5 children).

Households with 5 children (22.1%) are slightly more prevalent in Maihar compared to other categories.

Unchehra: Similar to Maihar, the distribution of households with 1 to 5 children is relatively balanced, with the highest percentage (23.3%) in the 2-children category and the lowest (15.0%) in the 3-children category.

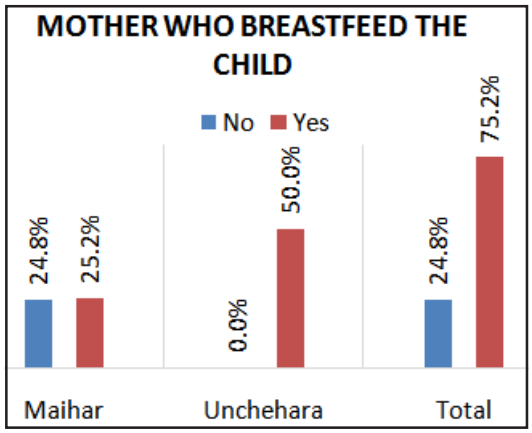

Figure-03

Out of the total 480 respondents, 361 mothers (75.2%) breastfeeding the child, while 119 mothers (24.8%) did not breastfeed the child. A closer look reveals a significant disparity between the two blocks, In Maihar, the responses are nearly evenly split, with 119 mothers (24.8% of the total) did not breastfeeding the child and 121 mothers (25.2% of the total) breastfeed the child. This indicates that awareness in Maihar is relatively balanced but leaves room for improvement.

In stark contrast, in Unchehara, all 240 respondents (50% of the total) reported breastfeeding the child, and none indicated a lack of knowledge. This suggests a notable focus on promoting breastfeeding awareness in Unchehara, leading to universal understanding among the mothers surveyed.

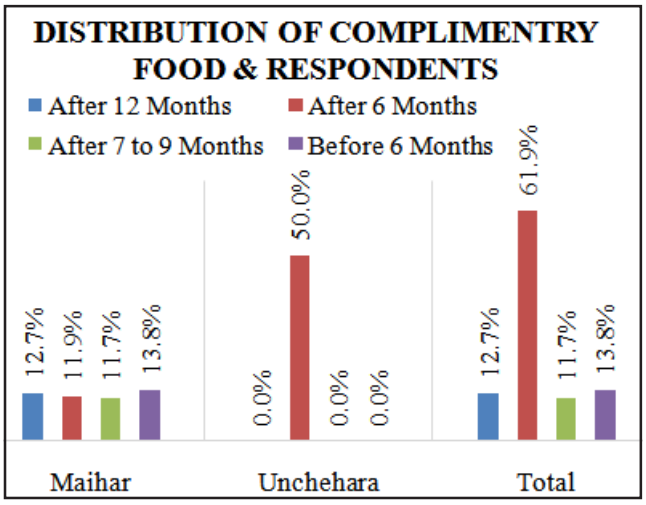

Figure-04

The analysis of the timing for introducing complementary foods reveals significant differences between the blocks of Maihar and Unchehara. Among the total 480 respondents, the majority (61.9%) reported introducing complementary foods “After 6 months,” which aligns with recommended

guidelines. However, this practice is entirely concentrated in Unchehara, where all 240 mothers (50% of the total) introduced complementary foods exclusively at this recommended time. No mothers in Unchehara reported introducing complementary foods earlier or later than 6 months.

In contrast, practices in Maihar are widely varied. Out of the 240 respondents in Maihar, only 57 mothers (11.9% of the total) adhered to the recommended timing of "After 6 months." The remaining responses were distributed across other categories, with 66 mothers (13.8%) introducing complementary foods "Before 6 months," 61 mothers (12.7%) delaying introduction "After 12 months," and 56 mothers (11.7%) beginning "After 7 to 9 months."

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