Introduction
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In developing countries, millions of young children suffer from nutritional deficiencies and frequent infections. There is now a large and increasing body of evidence to indicate that nutrition and health affect children's cognitive, motor, and behavioral development, both pre- and postnatally. The impact of a biological insult depends on the stage of a child's development, as well as the severity and duration of the insult. However, because nutritional deficiencies and infections frequently occur together, the problems resulting from any one insult may be exacerbated by the presence of another, and the effects can be cumulative.

The situation is further complicated in that children who suffer from nutritional deficiencies and infections usually come from poor socio-cultural environments and suffer from a myriad of deprivations and disadvantages that could themselves be detrimental to intellectual and behavioral development. These conditions include poor physical resources, such as overcrowded homes with poor sanitations and water supply, few household possessions, and low income. In addition, parents may have limited education and intelligence, and little knowledge of child development and the importance of play. They may also suffer from depression. Stimulation in the home is generally poor, with few toys or books and in frequent participation by the parents in the play activities. Since nutritional deficiencies nearly always occur in the presence of these disadvantages, demonstrating a direct casual
link between poor nutrition and poor development is difficult and requires a randomized controlled trial in which nutrition supplementation is given to undernourished children. Although establishing independent causality is important, it may not reflect the real-life situation, because there is increasing evidence that interaction exist among environmental conditions, a child's biological status and various biological insults. Thus, in order to understand the true situation, these many factors should be studied together.

In studies evaluating the effects of poor nutrition on a child's development, investigators traditionally focus on motor and cognitive development. However, it is critical to evaluate social and emotional development as well, because these factors may be equally, if not more, important to an individual's success in life.

Children are the future citizens of the nation contributing to the vital human potential and to impart strength to the national economy and development. Better the nutritional status of children, higher will be the nation's rise. Their nutritional status, therefore, is of great importance. Nutrition is the basis for survival and good health in adulthood. The health of an adult is determined by his nutritional status during childhood. The nutritional status of the child is reported to be the result of interplay among diet, infection, social, environmental and economic variables (Stephenson et al., 1980).

Physical and mental performances of the school going children are also known to be influenced by their nutritional status. Inadequate nutrition in
childhood can lead to malnutrition, growth retardation, reduced work capacity, poor mental and social development (Kakker et al., 1987; Vazir, 1988 and Solomons et al., 1993).

The "Word Summit for Children" with representatives from 159 nations in 1990, undertook a joint commitment to the children of the world to give them a better future. A declaration was made by the summit to end child deaths and child malnutrition by the year 2000 A.D. and to provide basic protection for the normal, physical and mental development of all the world's children. India is a signatory to the declaration of "World Summit for Children". The National Nutrition Policy, formulated by the Department of Women and Child Development, Government of India in 1993 also has a major aim of reducing child death and malnutrition in the country (Sachdeva and Choudhary, 1994).

Child nutritional status is influenced by a variety of factors and can not be viewed in isolation from the socio-economic environment and the socio-cultural milieu in which the communities and families live (Ramprasad and Kulkarni, 1985).

For assessing the nutritional status of young population, there is a crucial need to consider environmental and family factors which have long back been recognized (Sanjur and Romero, 1975). The authors further stated that the family ecology represents one of the most closely associated set of factors influencing nutritional status of the children. Among those, diet is of particular importance in regulating nutritional conditions in young
children. The potential factors influencing diet are availability, preference, intake, ideology and utilization.

The persistent blockage of one factor or the simultaneous blockage of several factors can lead to the development of malnutrition in the child.

Infection and protein-energy malnutrition (PEM) are frequently encountered among the children of developing countries. Diseases such as diarrhoea and measles may impair growth, whereas children with PEM have an increased risk of infection. Poor nutritional status of children is associated with poverty and adverse environmental factors. Thus, increased risk of infection among malnourished children may be associated with the unfavourable socio-economic and environmental factors rather than with nutritional status as such. Increased risk of infection may also be associated with a past history of illness (Lindtjorn et al., 1993).

Human intestinal parasites occur throughout the world but it is in the wet tropics and sub-tropics where they are found in greatest numbers. A basic requirement for the continual survival of these organisms is an inadequate and unhygienic method of disposal of faecal material (Lunn and Northrop-clewes, 1992).

Malnutrition is considered as primary malnutrition if it is due to primarily dietary deficiency and secondary malnutrition if due to some diseases. In considerable proportion of population, both the factors may be operative (Gupte, 1989).
Nutrition survey carried out in the population provides information about their existing nutritional status, dietary pattern and nutrient adequacy. Swaminathan (1990) has suggested that the nutritional status of all the segments of population should be done routinely as the information thus collected is usually used as the basis for designing nutritional care plan.

Primary school children constitute an important segment of the child population. The information regarding the dietary pattern, nutrient intake, nutritional anthropometry and clinical signs of nutrient deficiencies of primary school children is very scanty. From the nutritional view point, like preschool children as well as the primary school children aged 7-9 years should be considered as vulnerable group because they are of growing age and improper nutrition during this age may be one of the important factors to the life long health of an individual. In view of the foregoing reasons the present study entitled “A study on the impact of socio-economic and nutritional status of primary school children on their cognitive development” was undertaken with the following specific objectives:

1. To estimate the prevalence of malnutrition in primary school children.

2. To study the causative factors of poor nutritional status and health of primary school children.

3. To study the impact of socio-economic and nutritional status on the physical fitness and body dimensions of primary school children.
4. To study the effect of socio-economic and nutritional status on school achievements and intellectual development of primary school children.

5. To find out the correlation of socio-economic and nutritional status with cognitive development of primary school children.