SUMMARY
AND
CONCLUSION
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The global observations show that development of children is an integral part of national development in any country and children are recognized as supremely important assets of the same. The child is constantly growing and developing to meet the essential day-to-day needs of children is to ensure their growth and proper development and to prepare them for the future. In India quality of life of most of the children is still substandard. This is reflected in high incidence of various nutritional disorders. Assessment of nutritional status of children of Nagar Nigam Schools of Kanpur belonging to age-group of 5-10 years was conducted with the idea to have appraisal of existing nutritional and growth profile of the children.

METHODOLOGY

The study was confined to 20 primary schools of Nagar Nigam in Kanpur district for the survey. A structured schedule was prepared and was individually administered to 200 children selected randomly from Nagar Nigam schools of Kanpur. The information of children as well as family was collected on the schedule. Obtained data were statistically analysed and results are tabulated and discussed in detail.

RESULTS AND DISCUSSION

The major findings of the study, summarized point-wise, are given below:
1. The percentage of male children (62.0) was higher than that of female children.

2. Twenty per cent parents belonged to S.C., 28.0 per cent to O.B.C. and 52.0 per cent parents to upper castes.

3. The majority of male children (41.97 per cent) belonged to age-group of 6–8 year and 25.80 per cent 4 – 6 year age-group. Only 36.84 per cent female children belong to 8 –10 year age-group.

4. The majority of children of nuclear family (40.43 per cent) belonged to 8 – 10 year age-group and in joint family (24.53 per cent) belonged to 4 – 6 year age-group.

5. The high majority of children (35.0 per cent) were studying in class III and only 3.0 per cent children in IV standard.

6. The average consumption of calorie and protein were less than RDA. Reasons are poor eating habits and low socio-economic status.

7. Fat intake by majority of children of 8-10 year age-group was very low and carbohydrate intake by all age-group children was found to be deficient.

8. Majority of children of 8-10 year age-group were mostly deficient of iron.

9. The average consumption of calcium by children was far below from RDA and children of 4-6 year age-group were highly deficient of calcium. They consume only 202.12 mg calcium, whereas, the RDA for respective age-group is 400 mg.
10. It is observed that 4-10 year age-group children consume low amount of vitamin A and vitamin A deficiency is also due to low intake of milk and greeny vegetables.

11. The 4-6 year age-group children were highly deficient in the vitamin C consumption while 6-8 year age-group children consumed high amount of vitamin C.

12. In low income group children nutrients intake such as energy, protein, fat, vitamin A is very low and with increase in family income their nutrient intake also increases.

13. The study shows that height and weight of children have increasing trend but it were far below than standard normal.

14. About 17.74 per cent male and 18.42 per cent female children have lost lustre in their hairs.

15. About 66.13 per cent male and 59.21 per cent female children were having normal tongues. Whereas 33.87 per cent male and 40.79 per cent female children were having coated tongues. The main reason of having coated tongues is improper cleaning.

16. It was observed that 96.0 per cent children were having normal teeth whereas 24.0 per cent having mottled teeth.

17. It was observed that 65.79 per cent female children were having normal gums whereas 21.05 per cent having bleeding gums.

18. Most of the children were having normal skin. There was non-significant association between sex and skin.
19. About 67.74 per cent male and 59.21 per cent female children were having normal conjunctiva whereas 22.58 per cent male and 27.63 female children were having watery discharge.

SUGGESTION

The following suggestions are required to be taken up –

1. Nutritional education be provided at school level.

2. public health facilities be enhanced and children must have awareness about the facilities provided by the centres.

3. Parents should be aware about the importance of rich nutrient diets provided to children.

4. Hygienic habits be encouraged in children and frequent medical checkup be conducted regularly.