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# Nutritional Profile of Preschool Children: A Review

### **Subal Das\* and Kaushik Bose**

Department of Anthropology, Vidyasagar University, Midnapore 721 102, West Bengal, India

KEYWORDS Underweight. Stunting. Wasting. Z-score. Global Scenario

ABSTRACT This paper reviews the prevalence of undernutrition among preschool children. The current review uses the z-score system to estimate the magnitude of undernutrition among preschool children because it reflects both previous and current nutritional status of the children. Hitherto, the research results from India revealed that the prevalence of underweight (93.3%), stunting (86.6%) and wasting (85.3%) was the highest among the Kinnaura of Kinnaur in Himachal Pradesh; the lowest observed prevalence of underweight (15.0%), stunting (11.4%) and wasting (10.8%) was among the Punjabi preschool children (Punjab). Studies beyond India revealed that the highest and lowest prevalence of underweight, stunting and wasting was observed from Dhaka (Bangladesh) and Salvador (Central America). Thus, the present review revealed that the nutritional status of preschool children, particularly of tribal and rural areas, was in critical situation. Urgent nutritional attention is required.

### INTRODUCTION

Health and nutritional status are two crucial and interlinked aspects of human development, which in turn interact with demographic variables in important ways. While health and nutrition conditions can be related with aggregate economic growth, there is no necessary or linear causation, and policy interventions can play an important role in determining both access to health services and nutrition, as well as outcome indicators in this area (West Bengal Human Development Report 2004). The present study is a review paper undertaken to determine the comparative prevalence of undernutrition widespread among preschool children of India and abroad. Stunting, underweight and wasting were used to evaluate the nutritional status of the subjects because these measures reflect both previous and current nutritional status of the children. A total number of 34 Indian and 9 international studies are reviewed here. Undernutrition is a deficiency of calories or of one or more essential nutrients. Globally, it is estimated that among preschool age children in developing countries, underweight, stunted and wasted accounts for 183, 226 and 67 million, respectively (Mitra and Tiwari 1997). India has the highest occurrence of childhood malnutrition in the world (Bamji 2003). One out of every three children less than five years of age in developing countries is malnourished. It is a major drain on developing countries' prospects for development because malnourished children require more intense care from their parents and are less physically and intellectually productive as adults. Given the fundamental importance of undernutrition to child survival and health, the evaluation of nutritional status, especially among rural children of various ethnic groups, has immense implications for policy makers and planners alike (Nandy and Miranda 2008).

Chronic hunger and undernutrition is the worst tribulation of the poverty that still plagues millions of households in India, and the plight of children is of special concern. Undernutrition in childhood is one of the reasons for the high child mortality rate and is also highly detrimental for the future of those who survive (Pelletier 1994). Chronic undernutrition in childhood is linked to slower cognitive development and serious health impairments later in life that reduce the quality of life and also the economic productivity of people (Scrimshaw 1996). Undernutrition is hence not only a consequence of poverty but also a cause.

The current review uses the z-score system to estimate the magnitude of undernutrition among less than 6 years aged preschool children of Indian subcontinent and other countries.

\*Address for correspondence to: Subal Das Department of Anthropology, Vidyasagar University, Midnapore 721 102, West Bengal, India. E-mail: das vu@rediffmail.com

### **METHODS**

The intent of the present literature review was to summarize research findings regarding the available evidence of nutritional status among preschool children.

Data on published literature (between 1988 and 2009) related to nutritional status of preschool children were collected by using electronic search engines < GOOGLE and PUBMED>. The following key words used to conduct this search: preschool children, undernutrition, underweight, stunted and wasted. Likely studies for review were selected from published research studies in English language that reported prevalence of undernutrition (using stunting, underweight and wasting) by age and region basis world wide. The lists of published related articles (references) were also used to trace the relevant studies. A total of 43 studies have been identified (34 studies were from India and 9 from other countries) where z-score were used for assessing the undernutrition among the preschool children.

Following the United States National Center for Health Statistics (NCHS) (Hamill et al. 1979) age- and sex- specific -2 z-scores has been considered to defining undernutrition.

Stunting: <-2 HAZ (z-score for height-for-

age);

Underweight: <-2 WAZ (z-score for weight-for-

age),

Wasting: <-2 WHZ (z-score for weight -

for-height).

### RESULTAND DISCUSSION

A total of 43 scientific papers were considered for this study. In India, the sample sizes ranged from 68 to 7413 children and the sample sizes reviewed in 9 International studies ranged from 157 to 17017. In majority of the studies, the age of the children was less than six years. Out of the 34 Indian studies, 11 comprised of tribals/indigenous groups (viz. Saharia, Gond, Kodaku, Raj Gond, Kalahandi, Dhodia, Kinnaura, Bhil, Dhur Gond, and Kamar) from the states of Rajasthan, Madhya Pradesh, Chhatisgarh, Madhya Pradesh, Orissa and Bihar and the Coastal, Himalayan and Desert regions. Table 1 shows the comparative prevalence of undernutrition, un-

derweight, stunting and wasting of the preschool children under study. It appears from this table, that in the Indian subcontinent, the prevalence of underweight, stunting and wasting was 93.3%, 86.6% and 85.3%, respectively among the Kinnaura (Himlayan Ecology), which is observed to be the highest among all the reviewed populations from India. The prevalence of underweight, stunting and wasting was 15.0%, 11.4% and 10.8%, respectively among the Punjabi preschool children (Punjab), which is observed to be the lowest. Table 1 also shows that among all the reviewed studies from the other parts of the world, the highest prevalence of underweight, stunting and wasting was. 73.2%, 68.4% and 31.2%, respectively, was observed from Dhaka (Bangladesh). However, the prevalence of underweight, stunting and wasting was 10.5%, 22.0% and 2.9% respectively among the Salvador preschool children of Central America, which was observed to be the lowest.

From above, we can conclude that the nutritional condition of majority of studied populations, particularly tribal and rural ones, was unsatisfactory. This implied that most of these were experiencing severe to critical nutritional stress. Proactive nutritional supplementation programmes are mandatory to improve the nutritional profile of these populations. These interventions should be monitored regularly to determine their efficacy in combating undernutrition.

Since malnutrition has many causes, only multiple and synergistic interventions embedded in true multisectoral programmes can be effective (Bhargava 2001). From this present review one can clearly understand the situation at a glance about the critical position of the tribal and rural preschoolers of developing countries with respect to other urban sectors of developing countries and developed countries that may be experiencing the opposite trends of malnutrition (that is, problem of overweight and obesity). This important point must be borne in mind before the authorities rethink about the policies made by the policy makers to plan for the effective strategies to combat the prevalence the undernutrition among children in disadvantaged populations. However, one of the limitations of the present review was the lack information on correlates of undernutrition. Future investigations should review the various correlates of undernutrition.

Table 1: Nutritional status among preschool children of different national and international samples.

S. No.	Population	N	Age group	Under- nutrition		HAZ	WHZ		Refer- ence
Nati	onal								
1	Saharia tribal children	238	1-5 years	-	72.0%	68.0 %	13.0 %	Rajasthan, India	Rao et al. 2006
2	Gond tribal children	1022	1-5 years	-	61.7%	51.7%	32.8%	M.P, India	Rao et al. 2005
3.	Kodaku children	182	1-5 years	-	59.8%	43.0%	35.0%	Chhatis- garh, India	Dolla et al. 2005
4	Raj Gond	123	1-5 years	-	37.4%	46.3%	41.5%	M.P, India	Sharma et al. 2006
5	Kalahandi	751	0-5 years	-	78.4%	-	-	Orissa, India	Mahapatra et al. 2000
6	Rural children	227	0-59 months	-	51.3%	46.0%	38.8%	Kolkata, India	Dey and Chaudhuri 2008
7	Bauri children	219	2-6 years	-	48.4%	37.8%	21.5%	Purulia, W.B, Indi	Das and Bose 2009. JLS
8	ICDS children	673	1-5 years	-	39.4%	-	-	Chapra, W.B, India	Biswas et al. 2009
9	Bauri children	347	2-6 years	-	51.2%	39.2	26.6	Purulia, W.B, India	Das and Bose 2009
10	Bengalee children	533	3-5 years	-	30.8%	_	9.3%	Chapra, W.B, India	Bose et al 2007
11	Dhodia children	306	0-5 <sup>+</sup> (below 6 years)	-	-	15.3%	11.3%	Coastal, India	Kshatriya and Ghosh 2008
12	Kinnaura children	327	0-5+ (below 6 years)	_	93.3%	86.6%	85.3%	Himalayan	Kshatriya and
13	Bhil Children	356	0-5+ (below	-	-	5.6%	7.3%	Desert	a Ghosh 2008 Kshatriya and
14	Children	Un-	6 years) < 3 years	47.0%	-	-	-	ecology, Indi India	Ghosh 2008 NFHS-2
15	Children	known Un-	< 3 years	-	45.9%	38.4%	19.1%	India	1998-99 NFHS-3
16	Drought affected children	known 914	0-5 years	-	60.0%	53.0%	28.0%	Western Rajasthan, India	2005-06 Singh et al. 2006
17	Sc pre-school	1000	1-5 years	90.8%	-	-	-	Amritsar, Punjab, India	Uppal et al 2005
18	Tribal children	1847	0-6 years	-	55.0%	60.0%	-	Bihar, India	Yadav and Singh 1999
19	Refugee camp children	125	<5 years	34.4%	-	-	-	Tamil Nadu, India	Bazray et al.
20	Fishing community children	136	< 5 years	35.3%	-	-	-	Tamil Nadu, India	Bazray et al. 2005
21	ICDS children	3157	< 5 years	62.9%	-	-	-	Vadodara city, India	Bhalani and Kotecha 2002-07 to 2002-09
22	Anganwari children	217	< 5 years	-	36.4%	51.6%	10.6%	Allahabad, India	Kumar et al 2006
23	Slum children	1061	1.5 – 3.5 years	-	67.6%	62.8%	26.5%	Lucknow, India	Awasthi and Pande 1997
24	Urban slum children	520	<5 years	75.0%	-	-	-	Varanasi, India	Mishra et al. 2001
25	NIDS children	7413	< 5 years	42.0%	-	-	-	Chandigarh, India	

Table 1: Contd...

S. No.	Population	N	Age group	Under- nutrition		HAZ	WHZ	Study area	Refer- ence
26	ICDS children	1286	<5 years	51.6%	-	-	-	Chandigarh, India	Swami et al.
27	Urban slum children	486	< 5 years	81.8%	-	-	-	Delhi, India	Kapil and Bal 1989
28	Urban slum children	630	< 6 years	-	57.6%	53.0%	22.5%	Delhi, India	Saxena et al. 1997
29	Urban slum pre- school children	584	< 6 years	60.5%	-	-	-	Srinagar, India	Bhat et al. 1997
30	Dhur Gond	68	< 5 years	100.0%	-	-	-	Chhatisgarh, India	
31	Slum children	113	3-6 years	-	63.7%	47.8%	32.7%	Midnapore Town,	W.B, India Bisai et al. 2009
32	Kamar tribal children (Boys)	309	4-6 years	-	93.8%	66.0 %	85.5%	Chhatisgarh, India	Mitra et al. 2007
33	Pre-school children	6531	1-5 years	-	15.0%	11.4%	10.8%	Punjab	Kaur et al. 2005
34	Slum children	100	0-60 months	-	43.0%	35.0%	28.0%	Gujarat	Shah and Pate 2009
	rnational								
35	Pre-school children	392	0-5 years	-	73.2%	68.4%	31.2%	Dhaka, Bangladesh	Pryer et al. 2003
36	Rural Children	2103	0-5 years	-	20.0%	30.0%	4.0%	Western Kenya	Arthur et al. 2003
37	Children	157	< 5 years	-	30.0%	47.0%	7.0%	Western Kenya	Bloss et al. 2004
38	Tibetan Children	1655	0-3 years	-	23.7%	39.0%	5.6%	China	Dang 2004
39	Children	650	< 5 years	-	31.8%	44.3%	11.9%	Vietnam	Hien and Kan 2008
40	Preschool children	511	0-59 months	-	40.0%	61.0%	17.0%	Kaduna and Kano, Nigeri	Ifeanyi et
41	Salvadorian children		3-59 months	-	10.5%	22.0%	2.9%	Salvadore	Srawn et al. 1996
42	Pre-school children	17017		-	23.3%	15.4%	3.1%	Cape Verde Island	Wennberg 1988
43	Pre-school children	5333	< 5 years	-	47.0%	44.0%	10.0%	Bangladesh	Rahaman and Chowdhury 2009

# CONCLUSION

The preschool children of several populations were experiencing severe to critical nutritional stress. Based on World Health Organization classification of severity of malnutrition, the overall prevalence of stunting was high (30-39%), whereas those of underweight ( $\geq$ 30%) and wasting ( $\geq$ 15%) were very high. Valuable health and nutritional promotion programs can be formulated based on the findings of such researches with the ultimate objective of decreasing childhood undernutrition worldwide.

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## REFERENCES

Awasthi S, Pande VK 1997. Prevalence of malnutrition and intestinal parasites in preschool slum children In Lukrow Indian Pediatr, 34: 599-605.

Bamji MS 2003. Early nutrition and health – Indian perspective. *Curr Sci*, 85: 1137-1142.

 Barkha S, Mitra M, Chakrabarty S, Bharati P 2006.
 Nutritional status of preschool children of Raj Gond – A tribal population in Madhya Pradesh, India. Mal J Nutr, 12(2): 147-155.

Bazroy J, Panda P, Purty AJ, B Philip 2005. Refugee Children in India: A comparative study. *HK J Paediatr*, 10:101-108.

Bhalani KD, Kotecha PV 2009. Nutritional status and gender differences in the children of less than 5

- years of age attending ICDS Anganwadis in Vadodara City. *Ind J Com Med*, 27: 3.
- Bhargava A 2001. Nutrition, Health and Economic Development: Some Policy Priorities. Geneva, World Health Organization, (Commission on Macroeconomics and Health, CMH Working Paper Series, WG 1: 14.
- Bhat IA, Amin S, Shah GN 1997. Impact of sociomedical factors on pre-school malnutrition an appraisal in an urban setting. *Indian J Matern Child Health*, 8(1): 5-8.
- Bisai S, Bose K, Dikshit S 2009. Under-nutrition among slum children aged 3-6 years in Midnapore town, India. *Internet J Biol Anth*, 2: 2.
- Biswas S, Bose K, Bisai S, Chakraborty R 2009. Prevalence of thinness among rural Bengalee pre-school children in Chapra, Nadia District, West Bengal, India. *Mal J Nutr*, 15(2): 155 164.
- Bloss E, Wainaina F, Bailey RC 2004. Prevalence and predictors of underweight, stunting, and wasting among children aged 5 and under in Western Kenya. J Trop Pediatr, 50: 5.
- Bose K,Biswas S, BisaiS, Ganguli S, Khatun A, Mukhopadhyay A, Bhadra M 2007. Stunting, underweight and wasting among Integrated Child Development Services (ICDS) scheme children aged 3-5 years of Chapra, Nadia District, West Bengal, India. *Mat Child Nutr*, 3(3): 216-221.
- Chandraker R, Chakrabarty S, Mitra M, Bharati P 2009. A study of reproductive and child health among the Dhur Gond tribal community of Mahasamund District, Chhattisgarh, India. *Stud Tribes Tribals*, 7(2): 97-103.
- Dang S, Yan H, Yamamoto S, Wang X, Zeng L 2004. Poor nutritional status of younger Tibetan children living at high altitudes. Eur J Clin Nutri, 58: 938–946.
- Das S, Bose K 2009. Undernutrition among Bauri preschool children of Nituria Block, Purulia District, West Bengal, India. J Life Sci, 1(2): 85-89.
- Das S, Bose K 2009. Report on "anthropometric failure" among rural 2-6 years old Indian Bauri caste children of West Bengal. Anthropol Rev, 72: 81-88
- Dey I, Chaudhuri RN 2008. Gender inequality in nutritional status among under five children in a village in Hooghly district, West Bengal. *Indian J Pub Health*, 52(4): 218-20.
- Dolla CK, Meshram P, Shrivastava P et al. 2005. Nutritional status of Kodaku preschool children in Central India. *J Hum Ecol*, 17: 229-231.
- Hamill PV, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore WM 1979. Physical growth: National center for health statistics percentiles. Am J Clin Nutr, 32 (3): 607–629
- Health and Nutrition. In: West Bengal Human Development Report 2004. Development and Planning Department, Government of West Bengal.
- Hien NN, Kam S 2008. Nutritional status and the characteristics related to malnutrition in children under five years of age in Nghean, Vietnam. J Prev Med Pub Health, 41(4): 232-240.
- Kapil U, Bali P 1989. Nutritional status of pre-school children of urban slum communities in Delhi. *Indi*an *Pediatr*, 26(4):338-342.

- Kaur G, Kang HS, Singal P, Singh SP 2005. Nutritional Status: Anthropometric perspective of pre-school children. Anthropologist, 7(2): 99-103.
- Kshatriya GK, Ghosh A 2008. Undernutrition among the tribal children in India: Tribes of Coastal, Himalayan and Desert ecology. Anthropol Anz, 66(3): 355-63.
- Kumar D, Goel NK, Mittal PC, Misra P 2006. Influence of infant-feeding practices on nutritional status of under-five children. *Indian J Pediat*, 73. 94-99
- Mahapatra A, Geddam JJB, Marai N, Murmu B et al. Indian J Med Research, 1. Med, XXVI: 2.
- Mitra M, Tiwari A 1997. Malnutrition in Preschool Children- A Study of Brahmin Rawat and Teli Preschool Children of Raipur. Annual Conference of Indian Society of Human Genetics 16th and 18th December 1997 XXIII, New Delhi.
- Mitra M, Kumar PV, Chakrabarty S, Bharati P 2007. Nutritional status of Kamar tribal children in Chhattisgarh. *Indian J Pediatrics*, 74.
- Nandy S, Miranda JJ 2008. Overlooking undernutrition? Using a composite index of anthropometric failure to assess how underweight misses and misleads the assessment of undernutrition in young children. Soc Sci Med, 66: 1963-1966.
- National Family Health Survey NFHS-2 (1998-1999) Report.
- National Family Health Survey NFHS-3 (2005-2006) Report.
- Ojiako IA, Manyong VM, Ikpi AE 2009. Determinants of nutritional status of preschool children from rural households in Kaduna and Kano States, Nigeria. *Pakistan J Nutr*, 8 (9): 1497-1505.
- Pryer1 JA, Rogers S, Rahman A 2003. The epidemiology of good nutritional status among children from a population with a high prevalence of malnutrition. *Pub Health Nutr*, 7(2), 311–317.
- Rahman A, Biswas SC 2009. Nutritional status of under-5 children in Bangladesh. South Asian J PopHealth 2(1): 1-11.
- Rao MK, Kumar RH, Venkaiah K et al. 2006. Nutritional status of Saharia- A primitive tribe of Rajasthan. J Hum Ecol, 19: 117-123.
- Rao VG, Yadav R, Dolla CK, Kumar S, Bhondeley MK et al. 2005. Undernutrition and childhood morbidities among tribal preschool children. *Indian J Med Res*, 122: 43-47.
- Saxena N, Nayar D, Kapil U 1997. Prevalence of underweight, stunting and wasting. *Indian Pediatr*, 34(7): 627-631.
- Shah PU, Patel LHJ 2009. A study about prevalence of under nutrition among slum children of 0-60 months of age of Mehsana City. Shodh, Samiksha Aur Mulyankan, II: 7.
- Singh MB, Fotedar R, Lakshminarayana J, Anand PK 2006. Studies on the nutritional status of children aged 0-5 years in a drought-affected desert area of western Rajasthan, India. Public Health Nutr, 9(8): 961-967.
- Strawn LMG, Caceres JM, Jaimes de BPH 1996. Trends in the nutritional status of Salvadorian children: The post-war experience\*. Bulletin of the World Health Organization, 74(4): 369-374.

- Swami HM, Thakur JS, Bhatia SP, Singh K, Bhan VK, et al. 2000. National immunization day to assess nutritional status of underfives in Chandigarh. Indian J Pediatr, 67(1): 15-17.
- Swami HM, Thakur JS, Bhatia SP, Bhatia V 2001. Nutritional status of pre-school children in an integrated child development service (ICDS) block of Chandigarh. J Indian Med Assoc, 99(10): 554-556.
- Uppal M, Kumari K, Sidhu S 2005. Clinical assessment of health and nutritional status of scheduled caste preschool children of Amritsar. Anthropologist, 7(3): 169-171.
  Wennberg A 1988. Anthropometric assessment of the nutritional status of preschool-age children in Cape
- Verde. Bulletin of the World Health Organization,
- Yadav RJ, Singh P 1999. Nutritional status and dietary intake in tribal children of Bihar. *Indian Pediatr*, 36: 37-42.