INTRODUCTION

In India, malnutrition arising from inadequate food supply, is a major cause of illness and it serves as an important cause of child mortality. A report on child nutrition in India indicated high level of both chronic and acute malnutrition among the Indian children. Fifty two per cent of all children below age four were stunted, 54 per cent were underweight and 17 per cent were wasted. The extent of severe malnutrition was also substantial. Twenty nine per cent of the children were severely wasted according to internationally accepted definitions. The lower prevalence of wasting than stunting or under-weight indicated that chronic malnutrition was more prevalent in India than acute malnutrition (Mishra et al., 1999).

Malnutrition in children and pregnant women could lead to stunted growth, impaired mental development, learning and behaviour. This is due to inadequate food intake and utilization of food nutrients which if prolonged could result in protein-energy malnutrition (Igbedioh, 1990). About 60 per cent of pre-school children were underweight and 62 per cent were stunted. 15 per cent of the children of 1-5 years of age suffered from wasting (Vijayaraghvan and Hanumantha Rao, 1998.) With report to weight-for-age the degree of malnutrition were found among 38.6 per cent male and 43.3 per cent among female children. 38.1 per cent male and 41.2 per cent female children with respect to height-for-age were normal and remaining suffered from various grade of under nutrition (Awasthi et al., 2000). Among pre-school children thirty five per cent were under weight and 199 million children suffered from protein-energy malnutrition (Lupien and Menza, 1999).

METHODS

Sample for the study comprised to 450 children in the age

Key words: Nutritional status, Malnourishment, Anthropometric measurement

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ABSTRACT

The present investigation was conducted on the sample of 450 pre-school children of rural Haryana. Haryana state has been divided into three different agro-climatic zones namely, hot and dry, hot and semi-dry and hot and humid. A multi-staged random sampling techniques was adopted for collection of data. Data were collected with the help of self-prepared interview schedule by paying and repeated visit to the study area. The percentage level of weight for age and height for age was calculated by comparing with NCHS (National Centre of Health Statistics). The study reported that maximum malnourishment (77.11%) was obtained with the implication of weight-for-age and again the majority i.e. 70.66 per cent of the children were found to be undernourishment as per their height-for-age.