Year : 10
Issue : 39
Jan-March 2022
www.pramanaresearchjournal.com

ISSN : 2249-2976

Impact Factor : 6.201

(Art, Humanity, Social Science, Commerce, Management, Law & Science Subjects)
(Indexed & Listed at : Indian Journal Index (IJIND EX))
(Indexed & Listed at : Research Bib, Japan)
(An International Peer Reviewed and Refereed Research Journal)

Pramāna

Research Journal

Editor-in-Chief
Acharya (Dr.) Shilak Ram

Acharya Academy
Bharat
ISO 9001:2015

कृण्वन्तो विश्वमार्यम्

यतेमहि स्वराज्ये

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Research Journal (ISSN : 2249-2976) Impact Factor : 6.
Year-10, Issue-39 (Jan.-March 2022) (Page No. 104-112)

Different Factors Which Affects Invigorating Status of Infan in Urban Slum of Kurukshetra District of Haryana

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Abstract

The purpose of this article is to provide an overview of highly prevalent factors influencing the nutritional status of the infants in urban slums .Children's development is essentially cumulative in nature and hence, the early years of the life are the foundation for later development .Multistage sampling technique was used for the selection of the sample. As the study was conducted on 286 infants of urban slums of Kurukshetra District. In the present study there are some factors which significantly affect the health of infants like Birth order of the child and number of siblings. Whereas there were many factors which were not significantly affecting the nutritional status of infants like type of family, caste, occupation, income, & age of mother.

Key-Words : Nutritional Status, Health, Caste, Occupation, Birth Order.

Introduction

Infants will shape the future of our country and strengthen the nation. Therefore we all mu strive to ensure for optimal growth and development of the infants and children so that they ca effectively contribute towards progress of the nation. Many factors affect the health and developme of an infant. Optimal growth and development depend upon loving parenting, responsive care-givin appropriate medical care, good nutrition, health, sleep, habits and a safe nurturing environmen Parents, caregivers, family members and health care professionals all contribute in some way to th development of a healthy infant

In 2018 ,infant mortality rate for Haryana was 30 deaths per 1000 live births .Infant mortalit rate of Haryana fell gradually from 68 deaths per 1000 live birth in 1999 to 30 deaths per 1000 liv births in 2018 (NHFS2020).

The integrated nature of growth and maturation is largely maintained by aconstant interactio of genes, hormones, nutrients and other factors. These factors also influence physical performance Some are hereditary in origin. Others, such as season, dietary restriction, severe psychologica stress, originate in the environment and simply affect the rate of growth at the time they areacting

Others again, such as socio-economic class, reflect a complicated mixture of hereditary and environmental influences and probably act throughout the whole period of growth.

There are different factors in the family which affect the infant feeding practices like, family type, Birth order, number of siblings etc has been considered as important factors in influencing perceptions which determines infant's health. The term infant is typically applied to young children the ages starting from birth upto 24 months. This time is highly vulnerable to malnutrition due to characteristic rapid growth rate, high nutritional requirements, immature immunological system which increase susceptibility to infections and sole dependence on their caretakers. It is also said that the eventual nutritional status of a child depends not only on household resources and food availability but also on the actions of the family members, primarily of the parents and especially of the mothers which determine the health and nutritional status of the children in developing countries

Methodology

Multistage sampling technique was used for the selection of the sample. Out of 21 districts in Haryana, one district namely Kurukshetra, 1,530 Area (in Km^2) established in 23rd January 1973. with the population of 964231 persons was selected at first stage. As the study was conducted on infants of urban slums of Kurukshetra District. Five urban slum areas in the district were selected on random basis in the second stage. A total 286 mothers who had infants between the age 0-24 months were interviewed in a house to house survey. Chi square test and regression analysis were used to analyse the data

An interview schedule specially prepared with critical discussion has always proved useful. In the present study the interview schedule was developed in consultation with subject matter specialists and pediatricians. Subsequently necessary changes were made in the light of objectives. Individually the respondents were contacted at their residences. Personal interviews were held with the respondents. Questions in the interview schedule were asked in Hindi, Preferably in the local dialect and the responses were recorded. Sometime the questions were repeated .

Grade of malnutrition

Malnutrition in children was measured according to ICDS growth chart.

Per centage of reference weight for age	**Interpretation**
90-110%	Normal
75-89%	Grade I: mild malnutrition
60-74%	Grade II: moderate malnutrition
60%- 50%	Grade III: sever malnutrition
Below 50%	Grade IV: more severly malnutrition

Results and Discussion

Family Type

Joint family is one of the underlying characteristics of the Indian society. Most of the families in rural and urban areas are still joint families. Joint families are the custodians of culture and tradition. The way of living rearing, caring and feeding of infants is significantly affected by the presence of grand parents in the family. The educated parents cannot implement their novel techniques of feeding children in joint families.

The anlysis of data in table 1 & fig. 1 shows that 42.5 per cent infants of joint family were normal, whereas 27.2 per cent had Grade I, 21.7 per cent had Grade II, 7.4 per cent had Grade III and 0.7 per cent had Grade IV malnutrition. In the nuclear family, 27.6 per cent infants were normal whereas 30.6 per cent had Grade I, 31.6 per cent had Grade II, 7.4. per cent had Grade III and 2.6 per cent had Grade IV malnutrition.

After the statistical analysis the table value of X^2 8.62 at 4 degree of freedom and 0.07 level of significance, in this case we can concluded that there are not significant difference of family type.

Fig.1 Distribution of infants according to Nutritional Status and type of family

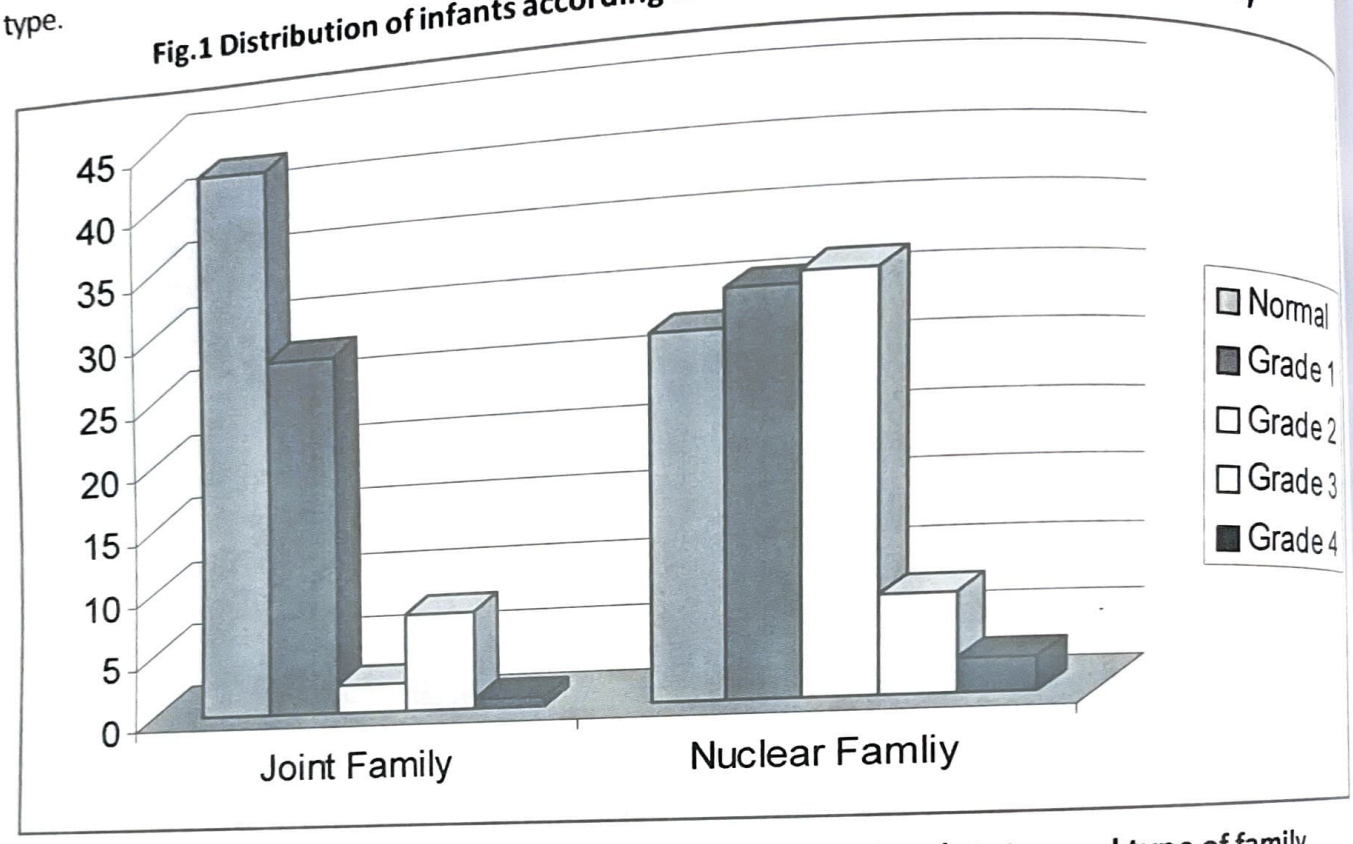


TABLE 1 Distribution of infants according to their nutritional status and type of family

Type of Family	Normal		Grade 1		Grade 2		Grade 3		Grade 4		Total	
	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent
Joint Family	68	42.5	44	27.7	35	2.17	12	7.4	1	0.7	160	55.9
Nuclear Family	35	27.6	39	30.6	40	31.6	9	7.4	3	2.6	126	44.1
Total	103	36	83	29	75	26.2	21	7.3	4	1.3	286	100

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.626047	4	0.071157

Birth Order

Keeping in view the impact of Birth Order of child in the family on the health status of infants. The data in this regard is shown in table 2 & fig. 2.

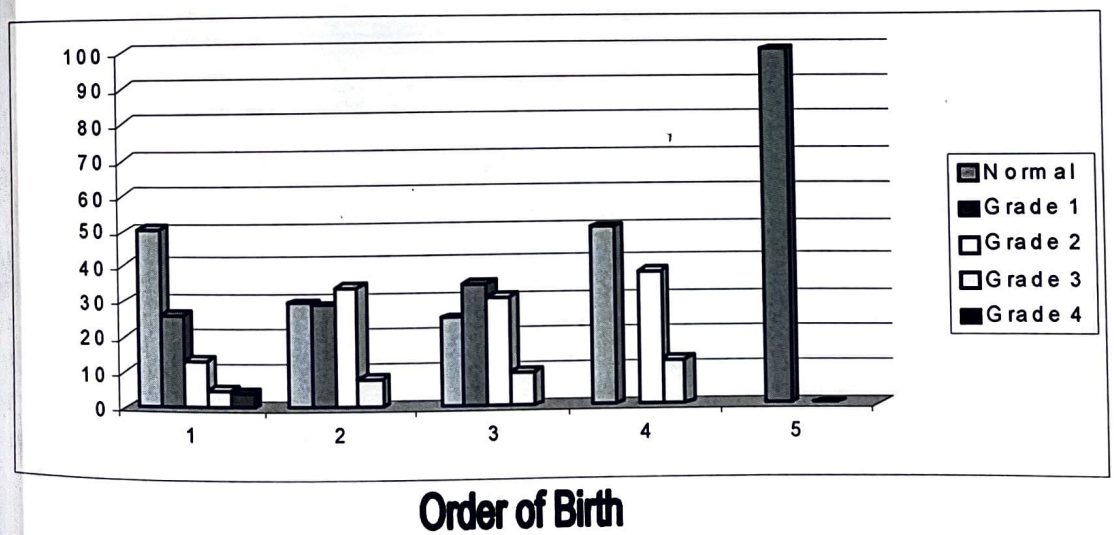
In the total sample we found that 1st child in the family was more healthy than 2nd, 3rd, and 4th birth order of the child in the family. Around fifty per cent of infants were normal, per cent had Grade I13.6 per cent had Grade II, 5.3 per cent had Grade III and 4.2 per cent had Grade IV malnutrition in 1st birth ordered infants.

TABLE 2Distribution of Infants according to their nutritional status and order of birth

Birth Order	Normal		Grade 1		Grade 2		Grade 3		Grade 4		Total	
	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent
1	48	50.5	25	26.4	13	13.6	5	5.3	4	4.2	95	33.2
2	32	29.8	31	28.8	36	33.5	8	7.9			107	37.4
3	19	25.3	26	34.6	23	30.6	7	9.5			75	26.2
4	4	50			3	37.5	1	12.5			8	2.8
5			1	100				0			1	0.3
Total	103	36	83	29	75	26.2	21	7.3	4	1.4	286	100

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	35.048(a)	20	.020

Fig.2 Distribution of infants according to Nutritional Status and Order of Birth



Among 2nd birth ordered infants 29.8 per cent were normal, 28.8 per cent Grade I, 33.5 per cent Grade II, 7.9. per cent grade III malnourished, Among 3rd birth ordered infants 25.3 per cent, were normal and 34.6 per cent, 30.6 per cent and 9.5 per cent had Grade I, Grade II and Grade malnourishment. Among the 4th birth ordered infants 50 per cent normal, 0 per cent had Grade I, 37.5 per cent Grade II and 12.5 per cent Grade III malnutrition. Among 5th Birth ordered infants 100 per cent had Grade I malnutrition. Thus it was observed that normal range of nutritional status decreased as birth order of infants increased- 1st to 5th.

We further applied chi-squre test (X^2) to see the observed variation in the nutritional status by Birth order of the infants. The table value of X^2 35.048 at 20 degree of freedom and .020% level of significance. There is significant difference between Birth order of the child and nutritional status of the children.

Number of Siblings

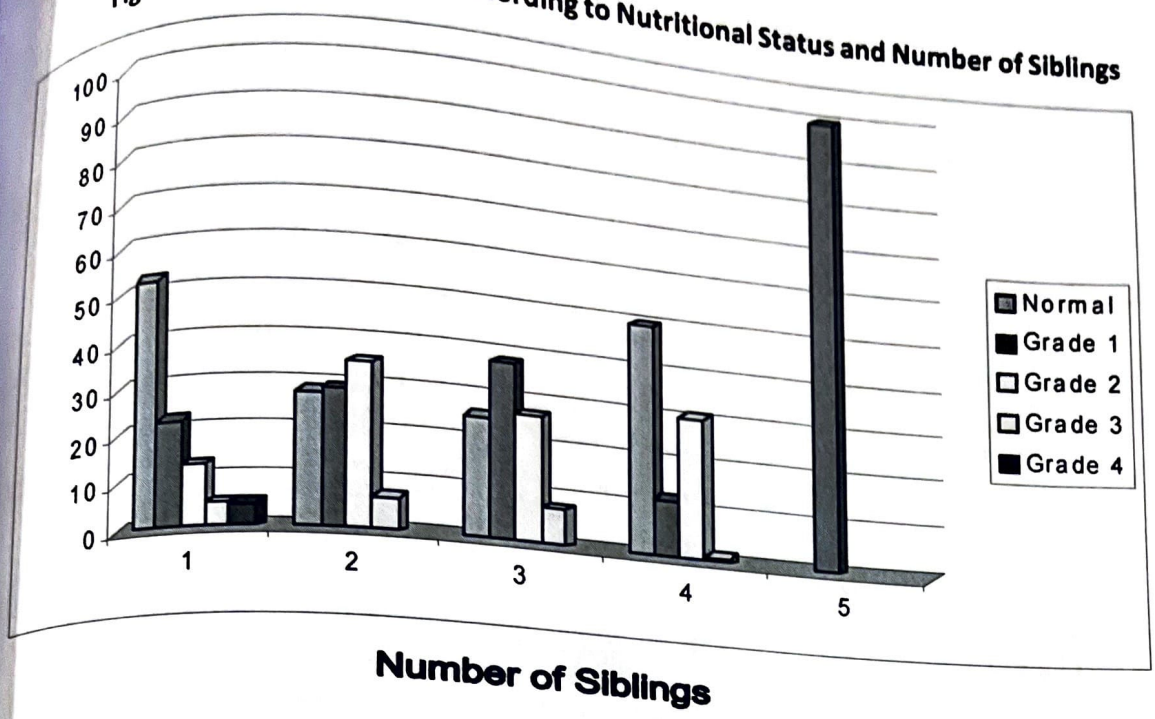
Number of siblings is considered as the prime factor determing the nutritional status of children especially is low income group people. The adequacy level of health is generally better among the one or two siblings due to better opportunity to get attaintion, care and food from the parents. The data in this regard is shown in table 3 & fig. 3.

TABLE :3 Distribution of Infant according to their nutritional status and number of siblings

No of Siblings	Normal		Grade 1		Grade 2		Grade 3		Grade 4		Total	
	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent
0	44	52.9	19	22.9	11	13.3	5	6	4	4.9	83	29
1	30	28.5	31	29.5	37	35.4	7	6.6	0	0	105	36.7
2	21	25.9	30	37.9	22	27.2	8	9.9	0	0	81	28.3
3	8	50	2	12.5	5	31	1	6.5	0	0	16	5.6
4	0	0	1	100	0	0	0	0	0	0	1	0.3
Total	103	36	83	29	75	26.2	21	7.3	4	1.4	286	100

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	38.768(a)	16	.001

Fig.3 Distribution of infants according to Nutritional Status and Number of Siblings



The analysis of data indicates that single child in the family had much better health condition 52.9 per cent normal, 22.9 per cent had Grade I, 13.3 per cent had Grade II, 6 per cent had Grade III and 4.9 per cent had Grade IV malnourishment. The infants among one siblings 28.5 per cent had normal, 29.5 per cent had Grade I, 35.4 per cent had Grade II, 6.6 per cent had Grade III malnourishment. Among two siblings 25.9 per cent were normal, 37.9 per cent had Grade I, 27.2 per cent had Grade II and 9.9 per cent had Grade III malnutrition. Among three siblings fifty per cent were normal, 12.5 per cent Grade I, 31 per cent Grade II and 6.5 per cent Grade III malnourishment. There is significant difference

Caste and Degree of Malnutrition

Caste is not an Indian word. In its original form, 'Casta', belongs to the Portuguese by whom it was ordinarily used among themselves to express 'cast', 'mould', 'race', 'kind' and 'quality'. It was applied by Portuguese, whom they first arrived in the East, to designate the peculiar system of religious and social distinctions.

Caste gives sanction for recognition, acceptance, conservation and sacramental dedication and vice-versa of a human being on his appearance in the world.

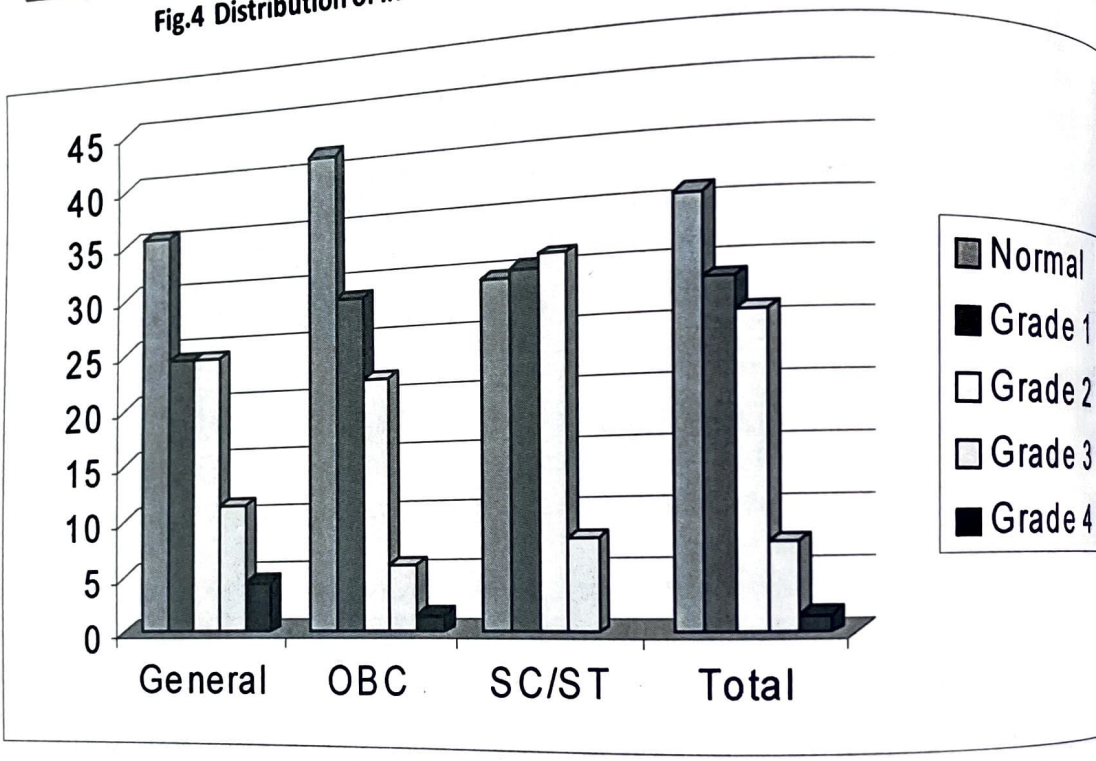
The analysis of data in table 4& fig. 4 shows that the general caste 35.6 per cent infants were found normal, 24.4 per cent had Grade, I, 24.4 per cent had Grade II, 11.2 per cent had Grade III and 4.4 per cent had Grade IV malnourishment. Among OBC 41.8 per cent normal, 29 per cent had Grade I, 22 per cent had Grade II, 5.7 per cent had Grade III and 1.5 per cent had Grade IV malnourishment. Among SC/ST 29.9 per cent normal, 30.6 per cent had Grade I, 31.6 per cent had Grade II and 7.9 per cent had Grade III malnourishment.

TABLE 4 Distribution of Infant according to their nutritional status and caste

Cast	Normal		Grade 1		Grade 2		Grade 3		Grade 4		Total	
	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent
General	16	35.6	11	24.4	11	24.4	5	11.2	2	4.4	45	100
OBC	53	41.8	37	29	28	22	7	5.7	2	1.5	127	100
SC/ST	34	29.9	35	30.6	36	31.6	9	7.9	0	0	114	100
Total	103	36	83	29	75	26.2	21	7.3	4	1.4	286	100

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.073	8	.336

Fig.4 Distribution of infants according to Nutritional Status and Caste



Caste

There is not any significant difference between cast and nutritional status. (As X^2 valu 9.073 at degree of freedom 8)

After the statistical analysis of different factors and nutritional status of infants, we conclude that family type, caste, income, occupation and age of mothers had no significant effec nutritional status of infants, whereas order of birth and number of siblings significantly affected

nutritional status of infants in the present study. As the study was conducted on 286 infants of urban slums of Kurukshetra District.However more malnourished children were found in nuclear families as compared with joint families,the reason might be grandparents and other family members provide more attention toward youngest family memebr.

Nutritional status of the first born child in the family was much better as compared with children born at 2nd , 3rd , 4th and 5th birth order, the reason behind it is the first child alone gets much more attention of all the family members.

Similar result were found when the total number of siblings were compared with nutritional status of infants. The child having no other brother and sister were having better nutritional status. Nutritional status was found in decreasing order with increase number of sibling. We can explain it with an example of an apple, if one child is there in the family he/she gets whole apple, if 4 children are there he/she gets only a part of it.

Income, age, caste and occupation of mother revealed no impact on their nutritional status.

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