A comparative study to assess the nutritional status of children (3-5 years) and self-reported nutritional practices of the parents residing in selected rural and urban areas of the city.

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Abstract
A well-balanced diet incorporates all of the food groups. In order for children to grow properly, they must eat a well-balanced diet. Children require a variety of nutritious foods such as fresh fruits, vegetables, whole grains, meat, fish and adequate calories in order to grow and develop properly. A comparative study to assess the nutritional status of children (3-5 years) and self-reported nutritional practices of the parents residing in selected rural and urban areas of the city. The sample size for present study was 100. Non probability convenient sampling technique was used to select the samples. Study was conducted in selected Rural and Urban areas of the city.

Conclusion: Nutritional status of children and Self-reported nutritional practices of parents residing in urban areas was found to be good as compared to children and parents residing in rural areas.

Introduction
Isaak Walton “Look at your health and if you have it, praise God and value it next to conscience; for health is the second blessing that we mortals are capable of, a blessing money can't buy”

"We are guilty of many errors and many faults, but our worst crime is abandoning the children, neglecting the foundation of life. Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made and his senses are being developed. To him we cannot answer "Tomorrow". His name is "Today".

Gabriela Mistral, 1948

Need of the study
Nutritional awareness amongst the parents of children is perhaps one of the most important and defining factors influencing The health of children. It influences the child’s nutrition intake at a time when the
Child is unable to make nutritional decisions for him or herself. Furthermore, the nutritional decisions that the child is exposed to throughout his or her early and formative years affects their nutritional preferences and understanding of nutrition in general for the rest of their lives. This may even influence how they provide nutrition to their children in turn. Hence, the importance of proper nutritional awareness is paramount.

In India the prevalence of under nutrition is the highest with (55%), followed by Bihar (54%), Orissa (54%), Uttar Pradesh (52%) and Rajasthan (51%), while Karnataka (41%), Kerala (37%) and Tamil Nadu (27%) have lower rates.3

**Problem statement**

'A comparative study to assess the nutritional status of children (3-5 years) and self-reported nutritional practices of the parents residing in selected rural and urban areas of the city'.

**Objectives**

1. To assess the nutritional status of children residing in selected rural and urban areas.
2. To assess the self-reported nutritional practices of the parents residing in selected rural and urban areas.
3. To compare the nutritional status of children and self-reported nutritional practices of the parents residing in selected rural and urban areas.
4. To find out association between study findings with selected demographic variables.

**Hypothesis**

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Description</th>
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<tbody>
<tr>
<td>$H_{01}$</td>
<td>There is no significant difference between nutritional status of children (3-5 years) residing in selected rural and urban areas. (at $p=0.05$)</td>
</tr>
<tr>
<td>$H_{02}$</td>
<td>There is no significant difference between self-reported nutritional practices of the parents residing in selected rural and urban areas. (at $p=0.05$)</td>
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<tr>
<td>$H_{03}$</td>
<td>There is no significant difference between study findings with selected demographic variables. (at $p=0.05$)</td>
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**Conceptual framework**

In this study, the investigator has applied Pender's Health Promotion Model. Pender's model focuses on three areas: Individual characteristic and experiences, Behaviour-specific cognition and effect and behavioural outcomes. The theory notes that each person has unique personal characteristics and experiences that affect subsequent action. The set of variables for behaviour specific knowledge and affect have important motivational significance. The variables can be modified through nursing action. Health promoting behaviour is the desired behavioural outcome, which makes it the end point in the Health Promotion Model.

**Research methodology**

**Research Approach**

The present study was Quantitative Research approach.

**Setting**

Study was conducted in selected Rural and Urban areas of the city.

**Sample**

In the present study the sample comprises of children of the age group (3-
5 years) and their parents residing in selected rural and urban areas of the city.  

**Sample Size**  
The sample size for present study was 100  

**Sampling Technique**  
Non probability convenient sampling technique was be used to select the samples.

**Tool and Technique**  
The tool was developed based on the, review of Literature, discussion with guide and opinion from the experts.  

*The tool is divided in three sections*  

**Section A**  
*Part 1- Demography Of Family.*  
It comprises of Age of parents, type of family, Gender, Education, Occupation of parents, Religion, Monthly income and No of children in house  

**Section A : Part 2- Demography Of Child**  
It comprises of Age of child, Gender, Birthweight, Child is suffering with any health issue, Birth order.

**Section B**  
It consists of Food intake within 24 hours, Anthropometric measurement and Nutritional Assessment using BMI.

**Section C**  
Self-reported checklist  

*Validity of the Tool*  
To establish a content validity, the tool was prepared and given to 13 experts  

*Reliability*  
The tool was tested for reliability in rural and urban area. Reliability was done by using inter-rator, test-retest and method. And calibration of measuring tape and weighing scale was done by Bio-Medical Engineer.

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**Data Analysis**  
Data was plotted in master sheet. The data analysis was planned to include descriptive and inferential statistics. The data was presented in the form of tables, bar diagrams and pie diagrams. The data was analysed by computed mean, standard deviation, P value fisher exact test and two sample z test.  

**Result:** A total of 100 samples were selected for the study with Non-Probability Convenient sampling technique. The result shows that there was significant association between Monthly income of parents with Anthropometry measurement of children and Age of parents on BMI of children residing in urban area. Whereas association was also found between Birth weight of children with Anthropometry measurement and Gender of child were found to have association with self-reported nutritional practices of parents residing in rural areas.

**Conclusion**  
Nutritional status of children and Self-reported nutritional practices of parents residing in urban areas was found to be good as compared to children and parents residing in rural areas.

**References**  
1. Walton I Beliefnet.  
2. Gabriela Mistral, 1948 Su Nombre es Hoy (His Name is Today)  