



# MARUMEGH

## Kisaan E- Patrika

Available online at [www.marumegh.com](http://www.marumegh.com)

© marumegh 2016

ISSN: 2456-2904



## CHILD HEALTH AND MATERNAL EDUCATION: IS THERE A STRONG CAUSAL RELATIONSHIP?

Gitika sharma and Dr. Sarla Lakhawat

Ph.D. research scholar, Asst. professor, Food science and nutrition, College of home science, MPUAT, Udaipur, Rajasthan.

Nutrition is a fundamental pillar of human life, health and development across the entire life span. Good nutrition – an adequate, well balanced diet combined with regular physical activity- is a corner stone of good health. The body in its natural sense is the mirror image of food one eats. The role food performs in health is never under emphasized since life appeared on earth. From the earliest stages of fetal development, at birth, and through infancy, childhood, adolescence and on into adulthood, proper food and good nutrition are essential for survival, physical growth, mental development, performance, productivity, health and well-being.

Thus Health and nutrition in early stages of human life determine, to a great extent, the physical and mental well being of a person. On the other hand, inadequacies in one or more of the three main preconditions for good nutrition: food, care and health leads to Malnutrition. Globally, malnutrition among school age children is becoming a major public health concern. More than 200 million school age children are stunted and underweight and if no action is taken, about one billion school children will be growing up by 2020 with impaired physical and mental development. (Mitra *et al.*2007). Developing countries like India, accounts for about 40 percent of undernourished children in the world and it is largely due to result of dietary inadequacy in relation to their needs. A World Bank (2008) report states that India has 42 percent of the world's underweight children. According to the studies by National Nutrition Monitoring Bureau, National Institute of Nutrition and Indian Council for Medical Research, 58.6 percent of the children of the age group 6–9 years and 77.9 percent of the children are underweight. If the mild under nutrition is added to underweight, this number increases to 94.1 per cent respectively. 30.1 per cent of are severely underweight. Malnutrition is basically cellular imbalance between the supply of nutrients and energy and the body's demand to ensure growth, maintenance and specific body function. Malnutrition presents itself in a variety of ways.

It comprises four forms under nutrition, Over Nutrition, imbalance, specific deficiency of nutrients. Under nutrition occurs when one or more vital nutrient are not present in the quantity that is needed for the body to develop and function normally. This may be due to insufficient intake, increased loss, increased demand or a condition or disease that decrease the body's ability to digest and absorb nutrients from available food. Many factors can cause under nutrition, most of which relate to poor diet or severe and repeated infections, particularly in underprivileged populations. Inadequate diet and disease, in turn, are closely linked to the general standard of living, the environmental conditions, and whether a population is able to meet its basic needs such as food, housing and health care. Malnutrition is thus a health outcome as well as a risk factor for disease and exacerbated malnutrition, and

it can increase the risk both of morbidity and mortality. Malnutrition or under nutrition to be specific includes underweight, stunting and wasting.

In a developing country like India, poverty undoubtedly constitutes a major factor for malnutrition in children, but lack of awareness of what constitutes a balanced diet is also a factor, which needs to be considered. As Children are future of society and mothers are guardian of future hence in order to ensure sound foundation and secure future of any society health and nutrition of their children needs protection. Mothers are mostly responsible on this subject (Nicklas,1995; Nicklas & Hayes, 2008). Mothers are effective on their children's eating behaviors and preferences. Mothers are the role models of their children about eating behaviors. Therefore, it is important to determine mother's nutritional knowledge to support healthy nutrition of child. Eating behaviors of the children are affected by some factors such as socioeconomic status, educational status, age, working position, and level of nutrition knowledge of mother (Variyam, J.N. *et.al.*, 1999). It is assumed that nutritional knowledge level of the mother could be effective on eating behaviors of their children because the Mothers are the foremost providers of primary care for children their understanding of basic nutrition and health measures strongly influence the care they provide (Appoh, 2005).

Nutrition knowledge acts as a pathway through which maternal education influences children's diets. To attain good health and nutritional status of children, mothers also need sufficient knowledge and skills to grow, purchase, process, prepare, eat and feed to their families a variety of foods, in the right quantities and combinations. This requires a basic knowledge of what constitutes a nutritious diet and how she can best meet their nutritional needs from available resources. Undesirable food habits and nutrition-related practices, which are often based on insufficient knowledge, traditions and taboos or poor understanding of the relationship between diet and health, can adversely affect child's nutritional status. However Nutrition education provides people with correct information on the nutritional value of foods, food quality and safety, methods of preservation, processing and handling, food preparation and eating to help them make the best choice of foods for an adequate diet. The provision of correct information is not in itself a sufficient objective to improve nutrition. Successful nutrition education goes beyond the simple accumulation of knowledge, towards positive action. A change in behaviour leading to desirable nutrition practices could include, for example, beginning to grow and eat dark-green, orange and yellow fruits and vegetables to protect the body from infectious diseases, or learning how to store maize or other food more safely to reduce nutrient losses and thereby increase household food reserves. Hence a well-resourced, targeted and coordinated nutrition education Programme can improve maternal nutritional knowledge, healthcare-seeking behaviours, and practices significantly and motivate beneficiaries to develop skills and confidence for the adoption of positive and lasting practices.

#### Reference

- Mitra, M., Kumar, P.V., Chakrabarty, S., Bharati, P. (2007). Nutritional status of Kamar tribal children in Chhatisgarh. *Indian journal of Pediatrics*.74 : 381-384.
- World Bank (2008). Repositioning Nutrition as central to development: A strategy for large-scale action, The International Bank for Reconstruction and Development, World Bank, Washington DC.

**Sharma and Lakhawat (2018). Child Health and Maternal Education: is there A Strong Causal Relationship?**

- Nicklas, T. A. (1995).** Dietary studies of children and young adults (1973-1988): The Bogalusa Heart Study. *American Journal of Medical Sciences*, **310**, 101-108.
- Nicklas, T.A., and Hayes, D. (2008).** Position of the American Dietetic Association: nutrition guidance for healthy children ages 2 to 11 years. *Journal of the American Dietetic Association*, **108**, 1038–1047
- Variyam, J.N., Blaylock, J., Lin, B.H., Ralston, K., & Smallwood D. (1999).** Mother's nutrition knowledge and children's dietary intakes. *American Agricultural Economics Association*, **81**, 373-384.
- Appoh, L. (2005).** Maternal nutritional knowledge and child nutritional status in the Volta Region of Ghana. *Journal of Maternal and Child Nutrition*. **1**: 56-59.