# Investigating the Impact of Selected Interventions on Childhood Malnutrition

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## Introduction

The children and teenagers of today represent humanity's hope for the future. If a healthy population is going to develop in the future, the nutritional requirements of children need to be satisfied as soon as possible. More than 170 million children under the age of five are among the almost 10 percent of the world's population that suffers from malnutrition. According to data from the United Nations, malnutrition affects 29% of children living in sub-Saharan Africa and 43% of children living in India, yet it only affects 7% of Chinese children under the age of 5as possible. More than 170 million children under the age of five are among the almost 10 percent of the world's population that suffers from malnutrition. According to data from the United Nations, malnutrition affects 29% of children living in sub-Saharan Africa and 43% of children living in India, yet it only affects 7% of Chinese children under the age of 5. In rural regions, the prevalence of underweight children ranged from 27 to 29 percent. Children who are undernourished have a significantly increased risk of contracting an illness or dying as a result of it. It is estimated that malnutrition was the cause of around 59% of fatalities in India in 2018. Around 6,000 infants and newborns are lost to India each year as a direct result of severe malnutrition. A substantial percentage of children who are hospitalised are underweight, ranging from 60 to 79 percent. Malnutrition is a critical issue that must be addressed in the world's most impoverished nations. In India, the risk of harm to children less than four years old is raised. resulting from disease and inadequate nutrition. The purpose of the research was to determine whether or not malnutrition rates were reduced in children under the age of five who frequently drank mixed cereal porridge in certain regions of Indore, Madhya Pradesh, India.

## Methodology

A design that was called "quasi-experimental" was used for this investigation. The notion that served as the basis for this research was derived from an updated edition of Wiedenbach's "The Helping Art of Clinical Nursing," which was used as the basis for this investigation. In order to collect this information, a detailed interview schedule was developed. Random selection was used to place fifty young people who seemed to be the same into either the experimental group or the control group. Participants were adolescents from a variety of communities located in and around Indore, Madhya Pradesh. Both descriptive and inferential statistics, namely the independent t test and the chi-square analysis, were used in order to do an analysis of the data and a test of the hypothesis. A probability value of 0.001 indicated that the null hypothesis could be rejected.

## Results

The following is a selection of the most significant results from the research:43.8% of the respondents were children between the ages of 3.6 and 4.4; 65.2% of the respondents were from nuclear households; and 52.6% of the respondents were members of the second generation.Within the control group, 38 percent of the participants were between the ages of 2.7 and 3.3; 57 percent of the moms were stay-at-home mothers; 87 percent were not vegetarians; 48 percent were either the first or second kid; and 86.7 percent were part of a nuclear household.52.9% of the dads in the sample for the research were unskilled workers, whereas 74.1% of the women in the sample did not have jobs. In addition, 45.1% of the children who participated in the research were given a monetary allowance of between Rs. 4893 and Rs. 2936 each month.The control group had a median monthly income of Rs. 100,000, and 48.1% of the women in this group had finished at least their primary education. There was a percentage of unemployment that was 71.3%, and 38.0% of the group had incomes that ranged from 100,000 to 15,000 rupees.Before the trial, the experimental group had an average weight of 11.64 pounds, which is 0.4% greater than the control group.After the trial, there was a difference of 2.34 pounds in weight between the experimental group and the control group (13.22 against 11.64).When comparing the weights of the control group before and after the test, the difference was just 0.01%, or 0.01 pounds. The average number of points obtained on the post-test by participants in the experimental group was 13.41, whereas the average number of points obtained by participants in the control group was 11.10. The value of this difference, according to the t-test, is 4.7. This result was greatly above the significance criterion of 0.05, which was a tremendous accomplishment. When comparing the treatment group to the control group, there was a difference in the post-test mean weight of the children under the age of five that was statistically significant (P 0.05).No demographic factor, with the exception of age (p 0.05), was shown to have a significant correlation with the weight of children.Other socioeconomic variables, with

the exception of the father's and mother's level of education, as well as the women's job status, were significantly related to children's weight in both the treatment and control groups (p 0.05).As a result, the second hypothesis (H2) was validated by the results of both the experimental and control groups, with the exception of the employment and education levels of the parents in the control group, which led to the validation of H2 being invalidated.

## Conclusion

Researchers in the area around Indore, Madhya Pradesh, examined the efficacy of a particular technique for preventing and treating malnutrition. The events that took place took place in the city of Indore, which is located in the state of Madhya Pradesh in India. We made an arbitrary selection of one hundred samples and then randomly divided them into two groups: the control group and the experimental group. According to the findings, the nutritional condition of children and adolescents who were malnourished improved after they were fed porridge made from a mixture of grains.

### Reference

- Dibley, (2001). "Practices related to breast feeding and weaning". The nursing journal of India 8(4): 179-183
- Dugganmp, (2010). "Assessment of malnutrition among under five children of Arambag, Hooghly District, West Bengal, India". The Internet Journal of Pediatrics and Neonatology, 3(3)1528-8374.
- Faber. ( 2006). "Effect of supplementation of mixed cereal porridge on selected malnouished under five children". The Indian Journal of Nutrition and Dietetics. 4(3): 84-88.
- Grant (2001) "process for preparing an instant baby cereal poggidge Product". The internet journal of Pediatrics and Neonatology.6:345-348
- Gretel,(April2008) "protein energy ratio". A directory of food and nutrition. 3(3):8-11
- Harohall.R (2009) "An interventional study in malnutrition in tribal Community". Journal of clinical and Diagnostic research 2005:30:(3) :27-29
- Jean Ziegler,(2008) "Child nutritional status in the village region of Ghana. Matern Child Nutrition .Health action, 4(4):100-110
- Musaigen, (2001). "Nutrient based some cereals and pulses based recipes in Assa, India", Journal of .Home science and technology 17(3): 238-243
- Nehru Science Center.(2011) "Cereal based processed complementary food increases nutrient intakes in under five children" The Journal of Nutrition.5(7):1968-1975
- Pelletien, (2005). "Assessing the Nutritional status of children, India". Nightingale Nursing Times. 5(1): 12-16.