

Prevalence of Protein Energy Malnutrition among Under-five children in Odisha: A Review

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Abstract

The WHO has identified PEM as one of the major problems among the children round the world. Also, over the years it has been found that developing countries like India have been facing the issue of PEM among children particularly at the most crucial stage of their development. Moreover, this is prevalent mostly among the rural masses and the poor and arises due to issues relating to poverty, poor environmental sanitation, poor dietary practices, low socioeconomic status, maternal education, frequent infection, and poor household food security, high consumption of rice, frequency of acute illness and low birth weight of child. This paper is a review on the status of PEM among young children (under the age of five) in Odisha. The study is based on analysis and meta-analysis of secondary sources of relevant literature and the inferences thereof suggesting possible strategies to combat this problem.

Keywords: Malnutrition, Stunting, Underweight, Wasting.

Introduction

Under-five children, being the most vulnerable group of the population serves as a crucial indicator of community health and nutrition. They are mostly affected by PEM due to inadequate supply of nutrients as per their requirements. Malnutrition affects children below 5 years age group, mostly among poor communities. Kwashiorkor affects the children mostly among 1 - 3 years age group whereas marasmus affects children below 2 years age group. According to National Family Health Survey (NFHS)-4(2015-16), India records the highest level of stunting despite marginal improvement over the years. In India, during the year 2015-16, 38.4%, 35.8% and 21% children were found to be in stunting, under weight and wasting category whereas in Odisha the figures were 38.2%, 34.4% and 18.3% respectively. Malnutrition occurs due to the lack of access to highly nutritious foods, poor feeding practices such as non-exclusively breast feeding, poor environmental conditions, large family size, poor maternal health, premature baby, adverse cultural practices related to child rearing and weaning, delay introduction of supplementary