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Household food security and nutritional status of 1-5 years aged children in Dhading, Nepal, 2016

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Statement of Problem: Nutritional status of children under five in Nepal is very poor. The 2011 NDHS found 29% underweight and 11% wasted. USAID reported 40% stunting and 60% stunting with deficiencies of diarrheal disease with effects of nutritional status, 49% households have access to food year-round. However, 12% households are mildly food insecure, 23% moderately, and 16% severely. Rural households insecure 46% as compared to urban 67%. The purpose of this cross-sectional study was to identify assess of household food security and nutritional status of children aged essential dietary components, and 44% population does not access to toilets that contribute to morbidity of 1-5 years in Dhading.

Methodology: Data among 172 paired caregivers and children collected. Anthropometric measurements of children, face-to-face interviews of caretakers and household food security using HFIAS module questionnaire were measured. Data were analysed by using Pearson's chi square test and Fisher's exact test.

Finding: The prevalence was 30.2% underweight, 20.3% stunting and 8.1% wasting determined by applying 2006's WHO growth chart in Dhading. Moderate food insecurity was 45.9% and 15.2% severe food insecurity, where normal and healthy food-plan for under 5 children with diabetes were not available.

Conclusion & Significance: Mother's education and family income had a significant association with underweight of a child. Many predominant factors that attribute leading to the vicious cycle for the prevalence of under nutrition, which are the socio-economic and educational status. If these conditions are taken meticulously with healthy food-plan, the consequences of nutrients' deficiencies and risk of diabetes can be well-prevented. Thus, household food security, well nutritional status, and appropriate nursing care can be strengthening by adopting "Integrated School Health Program (ISHP)" that can facilitate to create awareness for establishment of regular eating patterns, food-plan among under 5 children with diabetes, and nursing care interlinkage.

Biography

Ranga Raj Dhungana has implemented HIV/STI related projects for more than 15 years. He has continued his expertise through academic institutions and health projects after completion of PhD in public health from Sri Lanka. He established an Integrated School Health Program (ISHP) for Disaster Emergency Preparedness(DEP), Mobile Health Camp(MHC), First Aid Management and Referrals(FAMR), and Child Mental Health Support(CMHS) in Nepal in 2015. Beside these, he provided technical support in implementation of research project/s related to Reproductive Health and Rights (RHR) and Nutrition. He has also initiated to establish an international partnership program related to Management of Communicable and Non-Communicable Diseases like Diabetes.

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