

Feeding practices and nutritional parameters of children aged 6-14 years from Cameroon

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Background and Aim: Malnutrition is a major health problem in Cameroon. The national demographic and health survey in 2004 showed that malnutrition was implicated in the death of 50 % children less than 5 years. However, in Cameroon there is too little information concerning nutritional status after that age. The aim of this study was to evaluate some nutritional parameters of children aged of 6 to 14 years in Makèpè Missokè, (Douala).

Methodology: Two hundred and fifty five students children of 6 to 9 years (63,9 %) and children of 10-14 years (36,1 %) were recruited in "Bilingual Confidence School Group". Their nutritional status was evaluated after the analysis of anthropometric parameters (height for age, weight for age and BMI for age). Nutritional indicators were calculated using WHO Anthroplus 2007 and Epi info 2000. Protein energy malnutrition was evaluated biochemically by the determination of albuminemia in the blood of 99 children, using the colorimetric method with bromocresol green. Foods habits and practices were assessed during a survey in that school using questionnaires. Statistical analyses were performed by SPSS.

Results: Stunting was observed at 18,0 %, wasting at 5,1 % and overweight at 1,6 % in children. Stunting was frequent in families of more than 5 persons and in families where mothers had the lowest instruction level (primary). Protein energy malnutrition determined by albuminemia was found in 16,2 % of the study population. There was a significant difference between the average albuminemia of stunted children ($37,6 \pm 7,7$ g/l) and albuminemia of unstunted children ($48,9 \pm 11,1$ g/l).

Conclusion: Foods habits and practices showed that the foods of those children was diversified but consumption of fruits and legumes was low. An imbalance diet characterized by an excess of fat and carbohydrates, and a deficit of fiber and protein, was found in their diet.

Nutritional problems in Makèpè Missokè may be due to poor knowledge of food practices and poor food habits.

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