The nutritional status and cognitive & motor development of children in Nepal.

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Abstract

Background: Children are viewed as the best national asset. Nutrition influences physical growth, morbidity, mortality, cognitive development, reproduction and physical work ability, and it thus impacts human execution, health and survival. There is a direct effect of nutrition on the communication skill development, gross motor development, fine motor development, problem-solving skill and personal social development of children.

Aim: To assess the nutritional status of 6-24 months children and investigate the association with the cognitive development of children.

Methods: The cross-sectional research design, the basically analytical design was adopted to depict the association across child feeding practices, nutritional status and cognitive and motor development of children. This study adopted mixed methods $\hat{a}\mathcal{E}$ quantitative and qualitative data in accordance with pragmatic philosophy and Health Belief Model. This study explored the Infant and Young Child Feeding (IYCF) practices using WHO guidelines, child nutrition status (WHO Anthro) and cognitive and motor development by using Age and Stages Questionaire (ASQ). It covered the 347 sample households having 6-24 months of children.

Results: Acute malnutrition was found in 6.4% (4.3 - 9.5 95% C.I.) among the 6-24 months children whereas the problem of stunting was very high at 64.8 % (59.6 - 69.8 95% C.I.) and underweight was among the 26.8% children (22.1 - 31.4 95% C.I.). There was a significant correlation of nutritional status with 16 and above month children in gross motor development, fine motor development and problem-solving skill development (p<0.05, i.e. p=0.011, p=0.047 & p=0.047). Mother's education was found one important factor which had a significant effect on the practices of dietary diversity.

Keywords: Children, Nutrition, Growth, Cognitive, Motor development.

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Nutrition status and communication development of children

There is significant correlation (p<0.05, i.e. p=0.24) with age group of 6 months between underweight and communication skill development (Table 1) [1].

Nutrition status and gross motor development of children

There is strong significant correlation (p<0.05, i.e. p=0.000) only with age group of 20 months between underweight and gross motor skill development. Similarly, there is significant correlation (p<0.05, i.e. p=0.011, p=0.047 & p=0.047) only with age groups of 16 months, 22 months and 24 months respectively between stunting and gross motor skill development. Likewise, there is strong significant correlation (p<0.05, i.e. p=0.000) only with age group of 20 months between wasting and gross motor skill development (Table 2) [2, 3].

Nutrition status and fine motor development of children

There is significant correlation (p<0.05, i.e. p=0.009 & p=0.010) only with age groups of 16 months and 20 months between underweight and fine motor skill development. Similarly, there is strong significant correlation (p<0.05, i.e. p=0.005) only with age group of 16 months between stunting and fine motor skill development (Table 3) [4-7].

Nutrition status and problem solving development of children

There is significant correlation (p<0.05, i.e. p=0.019) only with age groups of 20 months between underweight and problem solving skill development. Similarly, there is significant correlation (p<0.05, i.e. p=0.000 & p=0.040) only with age groups of 16 months and 24 months respectively between stunting and problem solving skill development. Likewise, there is strong significant correlation (p<0.05, i.e. p=0.007) only with age group of 20 months between wasting and problem solving skill development (Table 4) [8-12].

	* *											
		Age of Children in Months										
		6	8	10	12	14	16	18	20	22	24	
Underweight	Pearson Correlation	.458*	.012	.247	.058	.219	.052	.174	.291	.123	.295	
	Sig. (2-tailed)	.024	.939	.159	.750	.273	.724	.318	.058	.511	.172	
Stunting	Pearson Correlation	.398	.135	.322	244	009	.206	188	.154	.315	.336	
	Sig. (2-tailed)	.054	.393	.063	.172	.966	.161	.279	.324	.085	.117	
	Pearson Correlation	107	162	052	.269	.276	127	.272	.247	270	02	
Wasting	Sig (2-tailed)	620	306	772	130	164	388	120	111	141	926	

 Table 1. Nutrition status and communication development of children.

Table 2. Nutrition status and	gross motor develo	pment of children.
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		Age of Children in Months											
		6	8	10	12	14	16	18	20	22	24		
	Pearson Correlation	.160	.075	.309	.305	.214	.266	145	.561 ^{**}	.143	.143		
Underweight	Sig. (2-tailed)	.455	.639	.075	.084	.285	.068	.405	.000	.303	.303		
	Pearson Correlation	.354	.207	.330	.318	.103	.364*	183	.162	.272 [*]	.272*		
Stunting	Sig. (2-tailed)	.089	.187	.057	.072	.608	.011	.293	.298	.047	.047		
	Pearson Correlation	271	149	043	.024	.166	022	.057	.523**	147	147		
Wasting	Sig. (2-tailed)	.200	.346	.809	.896	.407	.884	.750	.000	.288	.288		

Table 3. Nutrition status and fine motor development of children.

		Age of Children in Months											
		6	8	10	12	14	16	18	20	22	24		
	Pearson Correlation	.028	103	.206	.127	.120	.372**	019	.388*	.304	.388		
Underweight	Sig. (2-tailed)	.898	.516	.242	.482	.550	.009	.915	.010	.097	.067		
	Pearson Correlation	.161	.064	.188	.253	018	.395**	222	.287	.322	.335		
Stunting	Sig. (2-tailed)	.463	.689	.287	.155	.928	.005	.206	.062	.077	.118		
	Pearson Correlation	141	265	.065	123	.161	.094	.220	.214	.010	.085		
Wasting	Sig. (2-tailed)	.521	.090	.716	.494	.424	.523	.218	.168	.959	.699		

Table 4. Nutrition status and problem solving development of children.

		Age of Children in Months											
		6	8	10	12	14	16	18	20	22	24		
	Pearson Correlation	.162	.098	.255	.224	.051	.279	.043	.356*	.347	.355		
Underweight	Sig. (2-tailed)	.449	.535	.146	.209	.799	.055	.808	.019	.056	.096		
	Pearson Correlation	.376	.255	.278	.217	016	.546**	113	.055	.286	.432*		
Stunting	Sig. (2-tailed)	.070	.103	.111	.225	.936	.000	.517	.726	.119	.040		
	Pearson Correlation	318	149	011	.021	.078	135	.211	.407**	.148	075		
Wasting	Sig. (2-tailed)	.130	.346	.951	.909	.699	.359	.231	.007	.428	.734		

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Table 5. Nutrition status and personal social development of children.

		Age of Children in Months										
		6	8	10	12	14	16	18	20	22	24	
	Pearson Correlation	.020	.248	.284	.221	031	.178	038	.191	022	.052	
Underweight	Sig. (2-tailed)	.925	.113	.104	.216	.877	.226	.827	.219	.905	.812	
	Pearson Correlation	.519"	.240	.356*	.044	033	.437**	166	.085	.160	.452	
Stunting	Sig. (2-tailed)	.009	.126	.039	.810	.870	.002	.341	.587	.389	.030	
	Pearson Correlation	536**	.056	040	.175	.005	169	.095	.185	235	38	
Wasting	Sig. (2-tailed)	.007	.726	.821	.329	.979	.252	.593	.234	.204	.071	

Nutrition status and personal social development of children

There is correlation (p<0.05) with age groups of 6 months, 10 months, 16 months and 24 months between stunting personal social skill development. Likewise, there is strong significant correlation (p<0.05, i.e. p=0.007) only with age group of 6 months between wasting and personal social skill development (Table 5) [13-18].

Conclusion

The cognitive and motor development skill was found better among the children. The study found the better status of communication skill development (cut off point 20.7 where mean value 43.6), gross motor development (cut off point 31.1 where mean value 46.1), fine motor development (cut off point 32.79 where mean value 44.09), problem solving skill (cut off point 28 where mean value 42.27), and personal social development (cut off point 28 where mean value 47.66). The average mean value was higher than the cutoff point of each types of development.

There was significant correlation of nutritional status with 16 and above month children in gross motor development, fine motor development and problem solving skill development whereas there was relationship of nutritional status with 6 to 24 months' children in personal social development. But there was no relationship found between the nutritional status and communication skill development of children, except with 6 months' children.

From the perspective of parents' experience in overall development of their children, the overall development of 6-24 months' children was found satisfactory level. Physical growth and development, and cognitive development was asked with the parents when majority of parents shared the well development in movement, body language, walking, hearing, vision and health problem in child.

Recommendation

The further researcher may be done similar study in other most under privileged communities which may give the new knowledge to design and intervene nutrition programme in communities.

The study found that higher prevalence of malnutrition, so an in-depth longitudinal study on pregnant women and children to identify causative factors of malnutrition among children.

An action research on behaviour modification of care takers to improve the health and nutritional status of below 2 years

children and early intervention may be conducted to study its impact on developmental profile of the children.

References

- 1. Alligood MR, TA. Nursing Theories: a companion to nursing theories and models. New Jersey. 2011.
- 2. Powell B, Bezner Kerr R, Young SL, et al. The determinants of dietary diversity and nutrition: ethnonutrition knowledge of local people in the East Usambara Mountains, Tanzania. J Ethnobiol Ethnomed. 2017;13(1):1-2.
- 3. Ong F. California infant/toddler learning & development foundations. 2018.
- 4. Carpenter CJ. A meta-analysis of the effectiveness of health belief model variables in predicting behavior. Health Commun. 2010;25(8):661-9.
- 5. Creswell JW, Creswell JD. Research design: Qualitative, quantitative, and mixed methods approaches. 2017.
- 6. Acharya D, Gautam S, Kaphle HP, et al. Factors associated with nutritional status of under five children in Rupandehi district of Nepal. J Health Allied Sci. 2013;3(1):56-9.
- Ed D, SA, Church EB, Poole C. (2018-2019). Ages & Stages: How children develop motor skills. Early childhood today. 1-3.
- 8. Eeuwijk, PV. The preparation of food and drink is regarded as pivotal to care of chronically sick elderly people in urban Indonesia. Their meals are cooked solely by close household members. The majority of the elderly sick take part in the joint daily meals that serv. North Sulawesi, Indonesia: Food Chains. 2007.
- 9. Ghimire MN. Health status of children of Chepang and other communities of Nepal. J Adv Res. 2014;1(1):24-8.
- 10. Holydiver. Theory of Nutrition. Spiral Journey. 2012.
- 11. Janz NK, Becker MH. The health belief model: A decade later. Health Educ Q. 1984;11(1):1-47.
- 12. Ministries N. Recipe for a Healthier Diet. Norwegian Action Plan on Nutrition (2007–2011).
- 13. Ocampo-Guirindola ML, Garcia-Malabad CJ, Valdeabella-Maniego ML, et al. Association between dietary diversity score and nutritional status of Filipino children aged 6-23 months. Philipp J Sci. 2016;145(1):57-69.
- 14. Rosenstock IM. Historical origins of the health belief model. Health Educ Monogr. 1974;2(4):328-35.

Citation: Ghimire J. The nutritional status and cognitive & motor development of children in Nepal. J Public Health Policy Plan. 2023;7(4):183

- 15. Shrestha, SL. Statistical methods: For environment, biological and health sciences. 2010.
- 16. Siddiqui TR, Ghazal S, Bibi S, et al. Use of the health belief model for the assessment of public knowledge and household preventive practices in Karachi, Pakistan, a dengue-endemic city. PLoS Negl Trop Dis.
- 2016;10(11):e0005129.
- 17. Siegler, R. Cognitive Development in Childhood. NOBA, 2013;1-2.
- 18. UNDP. Policy in Focus. UK, Routledge: A publication of The International Policy Center for Inclusive Growth. 2016.