



## CONFERENCE ABSTRACT

# Nutritional status of children in a remote village of desert region Tharparkar Sindh, Pakistan

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## Abstract

**Background and Introduction:** An increasing number of deaths have occurred at Tharparkar desert region of Sindh. Hence, a nutrition relief camp was set up at two remote villages named Haryar and Bhorilo. Visiting team consisted of nutritionists, dietitians, pediatricians and logistic support providers. Objective: To determine the prevalence of malnutrition among children (0-10 yrs) and its association with their living conditions. **Methods:** A cross sectional survey was conducted. Mothers with children aged 1 month to 10 years were invited to visit the camp. 200 children were screened for malnutrition using anthropometric measurements including height, weight and Mid Upper Arm Circumference (MUAC). Dietary intake data was collected from mother including information about feeding practices, vaccination, disease history, and living conditions. Data was analyzed through SPSS 17. Inc using descriptive statistics. **Results:** Out of 200 children, 191 questionnaires were completed. Mean age was  $3.6 \pm 2.8$  SD years. There were 101 (52.9%) males and 90 (47%) females. Results showed that 42.4 % (n=81) were affected by severe malnutrition (lower than 3rd percentile). Children less than 5 years were severely wasted as per WHO diagnostic criteria for Severe Acute Malnutrition (SAM) as indicated by 79 (51%) children had a z score of  $-4$  SD (for height & weight). Further analysis of children under 5 years into the mild acute ( $\geq 13.5$  cm), moderate Acute (11.5-12.5 cm) and severe acute malnutrition ( $< 11.5$  cm) was carried out. The data demonstrated that 33.7 % (n=32) children had mild malnutrition, 37.7 % (n=58) suffered from moderate malnutrition and 15 % (n=23) had severe malnutrition. Food intake includes roti (Pakistani bread) and chatni (green chilies paste). There was no consumption of fruit, vegetable and milk due to no availability. Infants were breast fed and vaccinated but inappropriate and delayed weaning practices were reported by the mothers. Nearest medical facility/hospital was located at a distance of 15-30 miles. **Conclusion:** Major non nutrition related factors found to be contributing towards malnutrition were lack of education, water scarcity, non-availability of food, drinking water and lack of basic health facilities. There should be a provision of basic health facilities at community level. Health education and nutrition counseling should be included in their basic health initiatives.

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