

Common health hazards that exposed by malnourished children

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Introduction:

Malnutrition is a condition that develops when the body does not receive enough of the appropriate nutrients. This deficiency can result in poor physical and mental health. Malnutrition in children is a significant public health issue that affects millions of children all over the world. It is also one of the leading causes of morbidity and mortality among children. Children who are malnourished have weakened immune systems and are generally in poor health, which makes them more susceptible to a variety of health risks.

In this article, we will discuss some of the common health risks that malnourished children are susceptible to, as well as the causes and effects of malnutrition, as well as some strategies for preventing and treating malnutrition.

Malnutrition's Roots and Its Many Consequences

Malnutrition in children is brought on by a deficiency in adequate nutrition, which can be brought on by a variety of factors, such as poverty, insufficient access to food, a lack of education on nutrition, and improper feeding practises. Malnutrition can also be brought on by conditions that interfere with the body's ability to absorb nutrients, such as persistent diarrhoea, intestinal parasites, and other infections.

Malnutrition in children can have a wide-ranging impact, ranging from relatively mild to life-threatening consequences. Children who are malnourished have an increased risk of not growing to their full height, experiencing a delay in the development of their cognitive abilities, and being more susceptible to infections. They are also at an increased risk of developing a variety of health issues, including anaemia, vitamin deficiencies, and other diseases.

Common health risks faced by malnourished children include the following:

Growth That Is Stunted:

Children who are malnourished run the risk of having their growth stunted, which means that they will not reach their full potential in terms of height. A lack of proper nutrients, such as protein, vitamins, and minerals, which are essential for healthy growth, can cause growth to be stunted. These nutrients are essential for healthy growth. Children who are malnourished are at an increased risk of having their growth and development delayed, as well as having a compromised immune function.

Anemia:

Children who are undernourished are at an increased risk of developing anaemia, which is brought on by a deficiency of iron in their bodies. Haemoglobin is a protein found in red blood cells that is responsible for transporting oxygen throughout the body to the various tissues. The production of haemoglobin requires iron. Anaemia can develop if the body does not receive enough iron because this prevents it from producing enough haemoglobin. Children who have anaemia may have trouble concentrating, feel tired and weak, and have other symptoms.

Vitamin Deficiencies:

Children who don't get enough food run the risk of developing a variety of vitamin deficiencies, which can have serious repercussions for their health. For instance, a deficiency in vitamin A can lead to blindness, and a deficiency in vitamin D can lead to rickets, a condition that interferes with the normal development of bones. Anaemia and other health issues can be brought on by deficiencies in other vitamins, such as vitamin B12 or folic acid, which can also lead to deficiencies in other vitamins.

Diseases Caused by Infections:

Because of their weakened immune systems, children who are malnourished are at a greater risk of contracting infectious diseases. Diarrhoea, pneumonia, tuberculosis, and measles are just some of the infectious diseases that frequently affect children who are malnourished. These diseases can be very serious and may result in a variety of complications, including respiratory failure, dehydration, and even death.

Problems Relating to Mental Health:

Children who are malnourished are more likely to suffer from a variety of mental health issues, including anxiety, depression, and behavioural problems. These issues may be brought on by a deficiency in the necessary nutrients, which can have an impact on the development and operation of the brain. Children who are malnourished are more likely to have learning difficulties and their cognitive development may be delayed.

Treatment and Preventative Measures for Malnutrition:

It is critical to protect children from malnutrition in order to ensure their overall health and wellbeing. The following are some of the preventative measures that can be taken:

Increasing Availability of Food:

Increasing people's access to food is one of the most important things that can be done to fight malnutrition. This can be accomplished through a variety of methods, such as boosting agricultural productivity, enhancing food distribution, and establishing financial assistance programmes for food production and distribution.

Informing Parents and Other Primary Carers:

It is absolutely necessary to educate parents and other carers on proper nutrition and feeding practises in order to reduce the risk of malnutrition. This includes educating parents on the significance of breastfeeding their children, introducing them to complementary foods, and ensuring that they have a diet that is nutritionally sound. It is critical to make education available to all families, regardless of their socioeconomic standing, and to ensure that it is both culturally sensitive and easily accessible.

Treatment and Detection at an Early Stage:

The early diagnosis and treatment of malnutrition are absolutely necessary in order to reduce the risk of health complications that are associated with it. It is possible to identify malnutrition in children through routine checkups and growth monitoring. Once malnutrition has been identified, children can receive the appropriate treatment, which may include nutritional supplements, therapeutic feeding, or medical interventions for underlying health conditions.

Interventions Conducted Within the Community:

Interventions that are implemented at the community level have the potential to be of critical importance in the fight against malnutrition. The provision of nutritional education and counselling, the promotion of community-based food production, and the implementation of programmes that address the social and economic factors that contribute to malnutrition are all examples of possible interventions.

Global Efforts:

For the sake of enhancing the health and well-being of children all over the world, it is imperative that global efforts be made to combat malnutrition. Increasing funding for nutrition programmes, implementing policies that

support improved nutrition, and strengthening health systems to provide better access to health services are all examples of possible actions that could be taken as part of these efforts.

Conclusion:

Malnutrition is a significant public health issue that affects millions of children across the globe, and it can be a precursor to a variety of other health problems. Children who are malnourished have a higher risk of not growing to their full height, developing anaemia and vitamin deficiencies, contracting infectious diseases, and having mental health issues. Increasing access to food, educating parents and other carers, engaging in early detection and treatment, participating in community-based interventions, and making global efforts are some of the prevention and treatment strategies that can play an important part in preventing malnutrition and the health consequences it can have. It is absolutely necessary to make the treatment and prevention of malnutrition a top priority in order to improve the overall health and wellbeing of children all over the world.

Reference

1. Black RE, Victora CG, Walker SP, et al. Maternal and Child Nutrition Study Group. Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet* 2013; 382:427–451. [PubMed] [Google Scholar]
2. World Health Organisation. What is malnutrition? Available at: <http://www.who.int/features/qa/malnutrition/en/>. [Google Scholar]
3. Myatt M, Khara T, Collins S. A review of methods to detect cases of severely malnourished children in the community for their admission into community-based therapeutic care programs. *Food Nutr Bull* 2006; 27 (3 Suppl):S7–S23. [PubMed] [Google Scholar]
4. Briend A, Alvarez J-L, Avril N, et al. Low mid-upper arm circumference identifies children with a high risk of death who should be the priority target for treatment. *BMC Nutr* 2016; 2:63. [Google Scholar]
5. Mwangome M, Ngari M, Fegan G, et al. Diagnostic criteria for severe acute malnutrition among infants aged under 6 mo. *Am J Clin Nutr* 2017; 105:1415–1423. [PMC free article] [PubMed] [Google Scholar]

6. Mramba L, Ngari M, Mwangome M, et al. A growth reference for mid upper arm circumference for age among school age children and adolescents, and validation for mortality: growth curve construction and longitudinal cohort study. *BMJ* 2017; 358:j3423. [PMC free article] [PubMed] [Google Scholar]
7. Heikens GT, Manary M. 75 years of Kwashiorkor in Africa. *Malawi Med J* 2009; 21:96–98. [PMC free article] [PubMed] [Google Scholar]
8. Di Giovanni V, Bourdon C, Wang DX, et al. Metabolomic changes in serum of children with different clinical diagnoses of malnutrition. *J Nutr* 2016; 146:2436–2444. [PMC free article] [PubMed] [Google Scholar]
9. Tidjani Alou M, Million M, Traore SI, et al. Gut bacteria missing in severe acute malnutrition, can we identify potential probiotics by culturomics? *Front Microbiol* 2017; 8:899. [PMC free article] [PubMed] [Google Scholar]
10. Lazzaroni S, Wagner N. Misfortunes never come singly: structural change, multiple shocks and child malnutrition in rural Senegal. *Econ Hum Biol* 2016; 23:246–262. [PubMed] [Google Scholar]
11. Trehan I, Goldbach HS, LaGrone LN, et al. Antibiotics as part of the management of severe acute malnutrition. *N Engl J Med* 2013; 368:425–435. [PMC free article] [PubMed] [Google Scholar]
12. Isanaka S, Langendorf C, Berthe F, et al. Routine amoxicillin for uncomplicated severe acute malnutrition in children. *N Engl J Med* 2016; 374:444–453. [PubMed] [Google Scholar]
13. Berkley JA, Ngari M, Thitiri J, et al. Daily co-trimoxazole prophylaxis to prevent mortality amongst children with complicated severe acute malnutrition: a randomised, double-blind, placebo controlled trial. *Lancet Glob Health* 2016; 4:e464–e473. [PMC free article] [PubMed] [Google Scholar]
14. Bhutta ZA, Berkley JA, Bandsma RHJ, et al. Severe childhood malnutrition. *Nat Rev Dis Primers* 2017; 3:17067. [PMC free article] [PubMed] [Google Scholar] A comprehensive review of the pathophysiology and treatment of severe malnutrition.
15. Guerrant RL, Schorling JB, McAuliffe JF, de Souza MA. Diarrhea as a cause and an effect of malnutrition: diarrhea prevents catch-up growth and malnutrition increases diarrhea frequency and duration. *Am J Trop Med Hyg* 1992; 47 (1 Pt 2):28–35. [PubMed] [Google Scholar]