

Nutritional Status of Under Five Year Children

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A Thesis

**Submitted to Health and Population Education Department in Partial
Fulfillments for the Requirements of the Master Degree in Health
Education**

Submitted By

Sanam Anghupo

139

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Tribhuvan University

Faculty of Education

Central Department of Education

Health and Population Education Department

Kirtipur, Kathmandu

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शिक्षाशास्त्र संकाय
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Recommendation Letter

The research work entitled **Nutritional Status of Under Five Year Children** is prepared by **Sanam Aangthupo** under my supervision, for the partial fulfillment of Masters of Education in Health Education. This thesis report is the result of her own and she has not copied any aspect from other thesis. I recommend this thesis for acceptance and final evaluation.

Date:

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(Supervisor)

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Approval Sheet

This thesis entitled “**Nutritional Status of Under Five Year Children**”
submitted by **Sanam Aangthupoin** partial fulfillment of the requirements for
Master’s Degree in Health Education has been approved.

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Declaration

I, hereby, declare that to the best of my knowledge, this thesis is my original work. No part of it was earlier submitted for the candidature of research degree to any university, college or educational institutions. All the data and information I have presented and included in this thesis are the result of my own work except some cited text.

Date:

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Sanam Aangthupo

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I would like to express my sincere gratitude to my supervisor Mr. Bishnu G.C., Lecturer, Department of Health and Population Education who guided me through every hardship of my graduate education. I am most grateful to my respected teachers Prof. Dr. Deep Bahadur Adhikari and Prof. Dr. Bhagwan Aryal, Population Education Department, University Campus, Kirtipur. Their constant cooperation, guidance, inspiration, encouragement and valuable suggestions has added essence to this thesis. Their drive to share knowledge and understanding research process has made this thesis complete.

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April 2023

Sanam Aangthupo

Abstract

The thesis entitled “Nutritional Status of Under Five Year Children” was carried out with the main objective of to find out the nutritional status of under 5 year children, to identify the frequency of daily food intake of children under 5 years children and to find out the factors in influence the nutritional status of lower than 5 year children. The study followed the purposive sampling method. Interview schedule was used for data collection. This study was delimited on modern food and health condition in secondary school student of Chulachuli, Ilam. The students were the study population and only 117 were selected as a sample by census method.

The study found that total 117 respondents, Kirat 59%, Buddies 19%, and other 20.76% . Out of total respondents, it was found that 33.54 percent 15-18 year, 23% 18⁺, and 12-15 year 31.94, Limbu are study on private school than other community students. The study also found that 36% homemade food, 32% Momo, 15% Chau-Chau and 14% eats. Tiffin practice of respondents are homemade 35%, canteen available 30%, junk food 30%, and type of food eat as lunch and dinner in more amount boil food 31%, fried 27%, spicy 26% and other 14%. Hand wash practice of respondents were water and soap 43%, water and ash 20%, water only 23%, other 12%.

Most of the less knowledge on modern food and its impact on health. This study also revealed that lack of knowledge bad belief was the main cause of eat junk or modern food. So need to awareness about food, food habits, value of local food and relation of food and health. In the study, it was found that parent's education had not significance impact on nutritional status of children. The nutritional status of children belongs to Janajati Community was very poor with compared to other caste. Children from farming occupation parents are in better position rather than other occupation.

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Acronyms

CBS	-	Central Bureau of Statistics
Dr,	-	Doctor
TU	-	Tribhuvan University
INGOs	-	International Non-Governmental Organization
NGOs	-	Non-Governmental Organization
WHO	-	World Health Organization
Prof.	-	Professor
PEM	-	Protein Energy Malnutrition
IYCF	-	Infant and Young Child Feeding
SBA	-	Skilled Birth Attendant

ChapterI: Introduction

Background of the Study

Nutritional status is the condition of health of an individual as influenced by nutrient intake and utilization in the body. Malnutrition is major public health problem in developing countries. Freedom from hunger and malnutrition is a basic human right and their alleviation is fundamental prerequisite for human and national development. Usually referred to as silent emergency, it has devastating effects on children, society and future humankind. Although the World Bank has included school, health as one component of its essential public health package for cost effective health program, the nutrition and health of school-age children in the developing world has received a little attention. In developing countries like Nepal various forms of malnutrition affect a large segment of population and both macro and micronutrient deficiencies are of major concerns. The school age period is nutritionally significant because this is the prime time to build up body stores of nutrients in preparation for rapid growth of adolescence. Nutrition plays a vital role, as inadequate nutrition during childhood may lead to malnutrition, growth retardation, reduced work capacity and poor mental and social development in children, protein/calorie deficient diet results in underweight, wasting and lowered resistance to infection, stunted growth and impaired cognitive development and learning. Nepal National Census 2011 pointed that the 0-4 year children population was 13 percent of the total population. Likewise, infant mortality rate more than 60 per thousand, literacy rate 41.8 percent, and life expectancy at birth 62.5 years were there 4,5)(Singh, 2016).

A large number of cases moderate to severe acute PEM and micronutrient deficiencies in Nepal and malnutrition status as a serious health problem for child survival and their growth and development. Childhood malnutrition existed in various degrees in different ecological zones and developmental regions of Nepal. Low birth weight, PEM and micronutrient deficiencies were most common form of nutritional problems among under five year children in plain districts of Nepal. Despite the availability of nutritional products and good climatic opportunities for agricultural products, transportation facilities, easy access to health services most of the children suffered from malnutrition due to Under nutrition continues to be a primary cause of

ill-health and premature mortality among children in developing countries . Under nutrition among children is prevalent in almost all the states in Nepal. The children living in rural areas of Nepal disproportionately suffer from under nutrition compared with their urban counterparts The organizational wide exception are technical and policy support provided for implementation of integrated strategies to improve maternal and child health and nutritional including managing severe malnutrition, promoting fetal development and ensuring adequate child growth, optional breast feeding and complementary feeding practices and the regional exceptions reflected for guidance and support providing for implementing the integrated strategies for improving child growth and nutrition that office specific expected result WHO supporting for nation strategies on infant and young child feeding operational (Singh, 2016).

The organization wide exception also for innovative ways of supplementation and optional food for fortification program with micro nutrients of public health significance promoted to improve micro nutrient status of population and on that regional exception reflected on program for prevention and control of micro nutrient malnutrition particularly iodine deficiency disorders and iron deficiency anemia assessed and strengthened. On that basis office specific expected result WHO support to accelerated prevention and control of micronutrient deficiency specially, IOD and iron deficiency anemia. On that products are health personnel of two selected districts, trained and capable of implementing JYCF interventions, mechanisms for testing iodine "content in salt at community level streamlined with monitoring and evaluation components and the national guidance on anemia control introduced (Singh, 2016).

Nutrition, a process of providing and receiving food necessary for health and growth is foremost aspect of human being. It is the science of food essential for proper maintenance of our body. Nutritional status of any people can be determined with how food is eaten. Nutritional foods should be available for people of all age. It is essentiality is higher during child hood specially in under five year children growth during child hood natural increase in the size of the body. It is organ is one of the prime feature or symptoms of living organism. It represent how a person is having nutritious food in his daily life for the proper growth a development of the body

nutritional is a most which can be obtained only through a balance diet. Due to lack of such a balance diet nutritional status, of most Nepalese people is found to be worse.

Malnutrition is widely prevalent in many parts of world especially: it is the aware health problem of developing countries the most common forms of malnutrition . Nepal such protein energy malnutrition. Iodine deficiency, disorder and deficiency of Iron and vitamin A malnutrition creates big problems for the growing child and worse condition for the children. Finally it takes serious obstacles to the overall socio-economic development of nations (Dhakal, 2000).

Nutritional studies on primary school children in Nepal shows that under nutrition and over nutrition continue to be major health problems, both in rural and urban areas. For example, anthropometric assessment of children aged 6-12 years old from five rural communities found the prevalence of underweight among boys and girls to be 29.1 percent and 26.1 percent respectively. Nepal has made significant progress in controlling micro-nutrient deficiencies of essential dietary components such as vitamin A, iron, and iodine. Despite these successes, there is still an ongoing problem of protein energy malnutrition (general malnutrition). Good nutrition starts during pregnancy. Due to the lack of awareness and poor access to health services, only 58 percent of women in Nepal receive antenatal care during pregnancy, and only 36percent of deliveries are assisted by a skilled birth attendant (SBA). The low level of supervised antenatal and postnatal care and poor maternal nutrition directly contributes to higher maternal mortality rates(Dhakal, 2000).

In addition 44 percent of the population does not have access to toilets, and open defecation contributes to higher diarrheal disease morbidity, with further detrimental effects on nutritional status. Socio-economic, geographic, and educational factors, along with regressive gender norms, contribute to the poor health status of Nepal is, particularly women and children (Singh, & Gupta, 2014).

The Nepal Thematic Report on Nutrition 2013, updates the status of food security and nutrition in Nepal, and analyzes key food security trends over the past 15 years. This report is based primarily on the findings of the Nepal Living Standards Survey (NLSS) 2010/11, which covered 5,988 households and included anthropometric data collected from approximately 2,500 preschool children under 60

months of age. The 2010/11 NLSS is the third of its kind in Nepal (following surveys undertaken in 1995/96 and 2003/04) and represents a comprehensive and reliable source of information on the status of national and regional food security and the nutritional status of the population. The study also focused on gender and age differentials in the children's growth status, mainly height-for-age (an indicator for chronic malnutrition) and weight-for-height (an indicator for acute malnutrition).

Statement of the Problem

Major contributors to childhood malnutrition are poverty, low levels of education and poor access to health services. Increasing wealth is a cornerstone of malnutrition reduction. Improving the level of education of youngsters can assist in increasing the socio-economic profile of the nation, and hence contribute to poverty alleviation. The nutritional status of children is a good indicator of health status of a community. Nutritional status is defined as a measurement of the extent to which an individual's physiologic need for nutrients is being met. Assessment of nutritional status of an individual involves biochemical tests, clinical observations and diet history. The three most often used anthropometric indices are weight-for-height, height-for-age, and weight-for-age. Values which fall below the 5th percentile range give indication of wasting, stunting and underweight, respectively. Individual nutritional status has been reported to vary on the basis of a person's living conditions, availability of the food supply, health and socio-economic status. Understanding the relationship between children's socio-economic background and nutritional status is needed to develop effective intervention programmes (Acharya, 2016).

The objectives of this study were thus to assess the nutritional status of children (below 5 years) in deprived areas of Mauritius and to determine the socio-economic factors associated with poor nutritional status of the children. To find out the reason behind this research has been selected the problems related to the nutrition status of the less than 5 year age of children of primary level in Chulachuli Rural Municipality of Ilam district. Their dietary habits and food items lead them towards poor health. Thus, they are suffering from the different kinds of nutrition related disease and problem. Malnutrition low weight and low height for age Percent and various health facilities are not available in this Rural Municipality due to low women literacy, superstition, and alcoholic habit. So the main problem of the study is there is

lack of sufficient food and nutritional status. The primary level students suffering by different nutritional diseases in the selected Chulachuli Rural Municipality- 3.

Objective of the Study

The main objective of study were as follows:

- To find out the nutritional status of under 5 year children
- To identify the frequency of daily food intake of children under 5 years children.
- To find out the factors in influence the nutritional status of lower than 5 year children.

Significance of the Study

This study focused on the present food and nutritional status of under five year's children in Chulachuli.

- This study generated basic information about the child feeding and nutrition status.
- It helped to launch NGOs, INGOs and government in the area.
- It was helpful to create awareness among mother but the importance of nutrition and feeding practice.
- Plan school and college curriculum related of nutrition status education for curriculum planners and awareness towards their community.
- This thesis provided guideline for other researchers.

Delimitation of the Study

This study has own limitation due to time and resources, so it is time only on particular are which could be investigated within the limit of the researcher capacity, it will be delimitation to the following area.

- This study was delimited in Chulachuli rural municipality of Ilam only.
- It was delimited with fewer than five year's children and their mother.
- This study was delimited with in Chulachuli ward 3 only.
- The sample size was delimited 100 children's and their mothers.

Operational Definitions of Key Terms

Health. Health is a state of complete physical, mental and social well-being not merely the absence of diseases or infirmity (WHO).

Bottle Feeding. Any liquid food methods especially animal milk or formula milk to babies by the help of specially kind of bottle is called bottle feeding.

Breast Feeding. The mother who feeds milk from her to her known as Breast feeding.

Literacy. The ability to read and understand written information.

Decision Making. The process of deciding about something important especially in a group of people or in an organization.

Educational Status. Educational status means that which women achieve the Educational situation, qualification, training, experiences etc.

Participation. Participation means the involvement in all decision related to the objectives the primary purpose of participation is to encourage community self-determination and those sustainable development.

Household. Household refers to a single person living alone or a group of person, who may not or may not be usually in the particular housing unit and sharing meal with common resources.

Chapter II : Review of Related Literature and Conceptual Framework

Literature review is the blue print of research work. Literature review play vital role in beginning to end of research work. Therefore, literature review is one of the essential parts of research work. In this study, the researcher is reading and citation of resources like as books. Journal, thesis and study report are reviewed, presentation and citation here.

Theoretical Literature

Theoretical knowledge is mandatory for researcher to have enough knowledge about the selected topic of the research. The researcher cannot go further in the research process without theoretical knowledge and concept or the researcher topic. The theoretical concept of the related study has been presented as follow:

Globally, more than one in four children under the age of five years is too short for their age. Sub-Saharan Africa and South Asia suffer the heaviest burden, with 75% of the world's stunted children. Low height-for-age or stunting reflects a failure to reach a minimal stature associated with current and future healthy development and is a key indicator of chronic under-nutrition (Goudet, Griffiths, Bogin, & Madise, 2015).

In the world, 144.0 million of children under 5 years are affected by stunting, 47.0 million and 14.3 million of children under 5 are suffering from wasting and severe wasting respectively while 38.3 million are overweight. Annually, Child undernutrition has caused more than 3 million preventable child deaths. Combatting child malnutrition breaking the malnutrition cycle is essential for achieving an efficient labor supply for any country for its economic development (Cunningham et al., 2015).

Proper nutrition in childhood is considered to play a pivotal role in the physical, mental, and emotional development of children through to their later adult life. Children are therefore considered the priority population for intervention strategies. Nutritional assessment in children is needed to determine their nutritional status and problems in their food regimes and if identified, to treat such

problems in order to prevent them from becoming larger and threatening to children's health (Achakzai P, Khan R., 2016).

National, economic and social goals and targets as it reduces child survival and can adversely affect physical development and cognitive function of a child. Malnutrition also perpetuates the malnutrition-infection cycle, leading to considerable morbidity and mortality in children under five years of age. Globally, the prevalence of wasting, stunting and underweight is 8%, 37.4% and 15.7% respectively. South Asia has the highest prevalence of malnutrition as compared to other regions and the prevalence of wasting, stunting and underweight is 10%, 39% and 19.3% respectively (WHO, 2016).

The nutritional status of children is determined by the household food security status. Food insecurity, inappropriate way of child feeding practices, gender of the child, maternal education, maternal dietary diversification and dietary choice, exclusively breastfed, complimentary food, immunization status, disease history, and family income were among the underlying causes of malnutrition. Prior studies showed that household food security was significantly associated with income, family type, family size, education status, and ethnicity. A study showed that the risk of food insecurity and malnutrition was high among under-five-year-old children in urban areas (Nepal, 2016).

Food insecurity and malnutrition is a common problem in rural areas of developing and least developed countries. Globally, the prevalence of household food insecurity increased from 8.4% to 10.2% between the years 2015 and 2017. In Asia and South-east Asia, household food insecurity has been increasing from 6.6% to 6.9% between the years 2015 and 2017 and from 6.6% to 10.1% between the years 2015 and 2017, respectively. Globally, 150.8 million under-five year children were stunted, 50.5 million were wasted, and 38.3 million were overweight. Nearly, 90% of children from Asia and Africa are stunted (142.3 million) and wasted (48.8 million). Regionally, south Asia is home to 38.9% of the world's stunted children. Of all stunted children, nearly 40% live in South Asia, which has the highest-burden of malnutrition. The prevalence of wasting in South Asia was above 15% threshold considered as a critical public health problem (Harding *et al.*, 2018).

Adequate nutrition is an essential requirement for a healthy life and better functioning of the human body, and it causes the upward socio-economic development of any country. Malnutrition creates many health and socio-economic complications being a major public health problem in the developmental process, and childhood malnutrition has remained a big challenge in the developing countries. According to WHO (2020), malnutrition is defined as the deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients. Childhood malnutrition is continuing as a major public health challenge in the developing countries (Fagbamigbe et al., 2020).

The problem of identifying the determinants affecting child malnutrition has come forward since the identification of determinants is the initial step in the process of reducing child malnutrition. However, the key problem in studying various economic and noneconomic determinants that affect child malnutrition is the absence of a constant theoretic framework or logic to direct identifying any relationship. It is generally believed that lack of money, poverty, and inequality are the major phenomena linked to child malnutrition. However, many researchers have investigated different types of determinants affecting child malnutrition, and a number of research articles have been published on this in the past by many countries in the world. (e.g.: Igbokwe et al., 2017; Khan and Mohanty, 2018; Ghimire et al., 2020).

Empirical Literature

Shrivastava & Ramasamy (2014) has been regarded the assessment of the nutritional status involves different techniques which are anthropometry, Biochemical evaluation, clinical examination, and functional assessment, assessment of dietary intake, vital and health statics and ecological studies (Burgess & Burgess, 1981). Nutrition is the intake of food, considered in relation to the body's dietary needs. Good nutrition— an adequate, well balanced diet combined with regular physical activity – is a cornerstone of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.

Singh & Gupta (2014) has been regarded as a high priority intervention in developing countries. However it has not been prioritized in India for many years. Malnutrition is one of a major public health concern affecting a significant number of school children influencing their health, growth and development and school academic performance. The objective of this study was to find out the nutritional status and morbidity pattern in school going children. A cross sectional descriptive study was conducted using a structured questionnaire and anthropometric measurements to assess underweight, stunting and thinness for 561 children at 5 to 18 years age, including 285 boys and 276 girls at Dhaura Tanda, Bareilly district, Uttar Pradesh. The prevalence of malnutrition was calculated using World Health Organization (WHO) Anthro Plus software. This study shows that prevalence of under-nutrition in both male and female was 44.56 and 37.32 percent respectively. The prevalence of chronic malnutrition (stunting) in male was 26.31 percent and in females was 21.37percent. The prevalence of acute malnutrition in both males and females according to the BMI-for-age was 38.24 percent and 34.05percent respectively. The most common morbidities were upper respiratory tract infection 240 (42.78percent), diarrhea 81 (14.44 percent), carbuncle/furuncle 78 (13.90percent) and scabies 63 (11.23percent).Malnutrition in the form of underweight, stunting and thinning were 41.00percent, 23.28percent and 36.18percent respectively among school going children. URTI & Diarrhea were the most common morbidity. The review of the above literature clearly presents that the nutritional status of children and feeding practice are influenced by economic status, family size, educational status, occupation, caste and socio-cultural background of the family member.

According to Acharya et al. (2016), Protein energy malnutrition has been a common health problem of the third world countries Stunting and wasting are common patterns of under-nutrition in children. In children, acute nutritional deficit and/or disease (such as diarrhoea) produce 129 International Research Journal of MMC (IRJMMC) Vol. 2 Issue 1 (February, 2021) ISSN 2717-4999 (Online) 2717-4980 (Print) www.mmchetauda.edu.np 129 wasting, characterized by a reduction in weight-for-height or arm circumference, or both. Prolonged nutritional deficit and/or disease result in stunting, characterized by a reduction in height-for-age. Wasting and stunting are associated with functional consequences. Nutritional assessment involves

anthropometric measurement, biochemical tests, clinical observation, functional assessment, dietary survey, ecological study and study of vital statistics.

Chataut & Khanal, (2016) has mentioned that malnutrition is one of the most important public health problems of developing countries where resources are very limited. Nutrition is believed to be very essential for socio economic development of the country and is an essential component of millennium development goals. The common cause of malnutrition is lack of access to the nutritious food. Poor feeding practices, such as inadequate breastfeeding, offering the wrong foods, and not ensuring that the child gets enough nutritious food, contribute to malnutrition.

Implication of the Review for the Study

The literature review is one of the most important aspects of any research. No study is possible without the review of literature. It is a kind toll which provides a proper guideline and researchers in many studies. Implication of the review can be literature review to develop any research which provides deeper knowledge, experience and other ideas to the researcher. Review of related literature helped me to identify the research topic. It helped to provide the thought to collect data. Literature review was helpful know about data analysis method. It helpful of know about use of study tools.

Conceptual Framework

A conceptual frame work has been developed to provide guide line to the researcher as well as others to understand what the researcher wants to study or find out.

Fig. 1 shows that the proposed conceptual framework, which provides the basis of available literature where selected variables are used in designing the framework for the use of analysis of the socio-economic condition of primary level students in selected School.

The conceptual framework of this study is as follows:

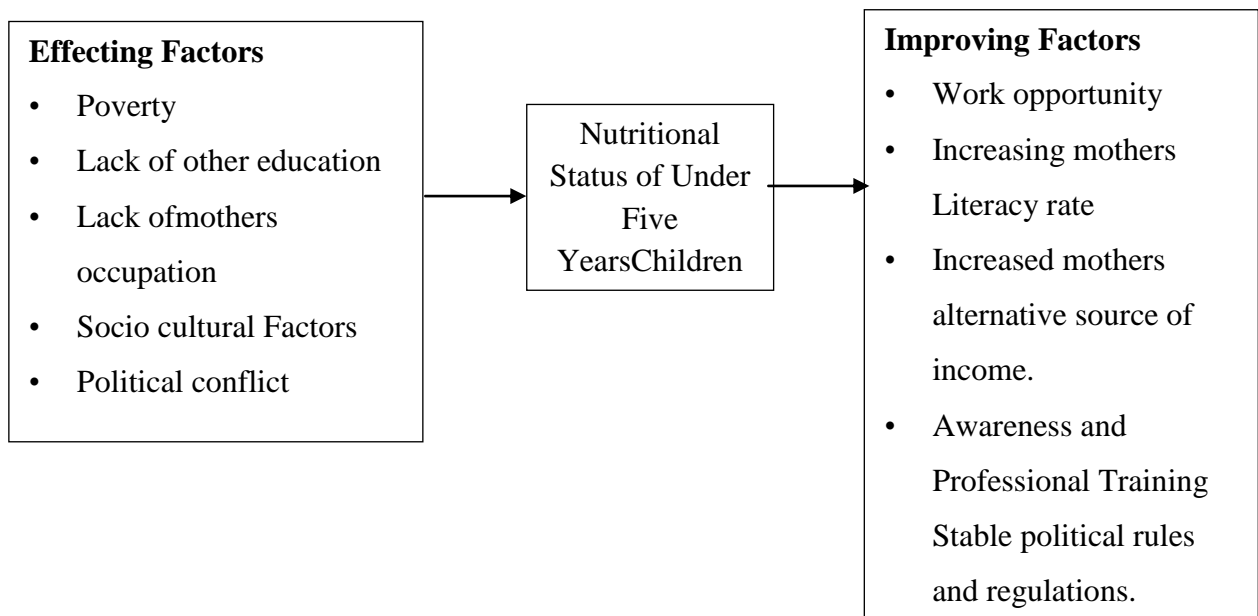


Fig 2.1: Conceptual Framework

After reviewing above existing literature, the main cause of affection factors of Malnutrition are Lack of alternative source of income, lack of infrastructures development, lack of education, Unfamiliar behaviour by parents and Political conflict. As well as improving factors existing in literature, Work opportunity and physical facilities, Increased alternative source of income, rural development, Increasing Literacy rate, source of entertainment, parents encouragement and Stable political rules and regulations.

Chapter III: Methods and Procedures of the Study

The basis of good research depends on paying attention to certain essential element if such element are ignored. The research will open the criticism and serious question may be raised about the quality of the finding, Good study depends on addressing, these prints methodology were the techniques used in collecting data methodology and the other hands is a system of rules procedures on which research is based which claims for knowledge and evaluated

Research Design

The research design is the blue print that guides the research in the process of collecting analyzing and interpreting observation it allows inferences concerning casual and defines the domain of venerability, The research design is also the conceptual or read map of the research, if research cants consist the research design the research cannot able to the well recognizing and well investing of subject Therefore, this study was data also quantitation research design Because of this study was descriptive nature and mixed method interpretation, describe and analysis systematically to the nature of data.

Population of the Study

All the under 5 years children and their mother of Chulachuli Rural Municipality was taken as the total population of this study.

Study Area/Fields

In preent, research was couducted in many areaslike as social, technical, new explore and university level. This study area was mainly Chulachuli in Ilam district ans field of young. Therefore, actually this resesarch was conducting insocial area and also main problems for urban areas. The researcher was only focused on this field and criteria if title.

Sampling Procedures and Sampling Size

The process of the study the researcher was visited sample households. Among them the researcher made the list of total number of under 5 year children.

Ward no 3 was selected for my study by purposive method because there were high prevalence of malnutrition and the researcher has a close relationship with the community of rural development which is important considering the natural and precision of the data used for the study. There were 277 under 5 years children's in this ward (FCHV). A total of 160 in children's in ward no. 3. Children were selected from ward no 3 was 117 by using simple random method lottery Method. The sample size was about 73 percent of total population.

Data Collection Tools

Interview schedule was main tool of data collection. Weighing machine, Height measuring tape, mid- upper arm circumference tap was main instrument used this study. Generally, weighing machine use to find out the nutritional status of children within 5 year of their age by using this machine, it can be out the children's rate and status and conditions of nutrition. It was measured by two ways weight for age and height for age, Similarly, measuring tape is used to find out the nutritional status of children. By using this it can also be find out the height according to their age. In the same way, MUSC Mid- Upper arm circumference) tape is also used to find out the nutritional status of primary level children. It is a simple and very much use full way, which can easily be used by the teacher or the health activists. Tape is used to measure the condition of their arms.

Finalization of the Tools

The interview schedule was used as the data collection tool. For the finalization of the tool, it was trial test among 5 non samples in the under five children and their mother of Chulachuli Rural Municipality, Ilam. The question set was shown to the supervisor and was finalized according to the comment.

Data Collection Procedures

The researcher was the selected area and built a friendly relationship with the Children of Chulachuli rural municipality - 3, Ilam district with an authorized letter provided by PE department to obtain information about the population according to target. The researcher was visited in the wards and prepared a list total number of undue 5 year of children and their mother.

Method of Data Analysis and Interpretation

After collecting required data, it coded, tabulated to the master chart and converted items the percentages. It categorized into different tables which was basically bar diagram and pie-chart were used for analyzing and interpreting the result of data. Descriptive and mathematical interpretation procedure was adopted in this study.

Chapter IV: Result and Discussion

The chapter deals with the analysis and interpretation of modern food habits and health condition of secondary school student. On the basis of collected data from field survey. The data were tabulated and kept in sequential order according to the need of study. They were analyzed on the basis of percentiles and diagrams.

General Description of Family

In the segment, the general description of family type of community, religious, age of student, family occupation are discussed.

Distribution of the Respondents by Type of Community. Type of community is considered as one of the important demographic factors intervening socio-economic characteristics. Type of community plays an important role in any aspect of life. Therefore, it is important to know the type of community of respondents from the total respondents. As this study had aimed at finding out the knowledge and attitude on modern fooding habits and health condition among secondary school students, it has collected data on different community of the respondents. The respondents type of community distribution is presented in Table 1.

Table 1

Distribution of the Respondents by Type of Community

School	Community	Limbu	Rai	Tamang	Other	Total	Percentage
Private school		80	7	30	40	157	50.167
Community school		28	30	58	40	156	49.823
Total		108	37	88	80	313	
Percentage		34.50	11.82	28.11	25.55		100

Table 1 shows that majority of the respondents 34.50 Limbu, 28.11 Tamang, 25.55 other 11.82 percent Rai. It is clear that number of Limbu are more than Tamang and other. Table 1 finds that within the 9 classprivate school students are

small in age than the public school. It also shows that all age groups are actively participated in the study hence the study represents adolescent age group in Nepali society. Study also includes third gender in small no. i.e. 1.1 percent. Among the respondents we find that no. of males higher in private school in comparison with public school. Whereas no. of female students are higher in public than private school. Hence this study is perfect for representing all sex in study area.

The common cause of malnutrition is lack of access to nutritious food as our caste's settlement.

Religious of Respondents. According to census 2068 10 religious on Nepal. 8.1 Kirat, 9.0 buddies and other group. It shows the distribution of respondents by religion in the study area.

Table 2

Religious of Respondents

	Religion	Kirat	Buddhist	Other	Total	Percentage
School						
Private school		90	25	40	157	50.16
Community school		95	36	25	158	49.84
Total		185	60	65	313	
Percentage		59.10	19.17	20.76		100

Table 2 Shows that only 2 religion groups are recorded among the selected students and among them vast majority are Kirat which accounts 59.10 percent followed by Buddha 19.17 percent and other are 20.76 percent. So religion of Kirat child people private school higher percentage 50.16 percent but community school has less percentage 49.84. Hence this study represents all religion in the context of Nepal. Also found that Hindu were high in public whereas Buddhist were high in private school.

In the empirical finding, the prevalence of acute malnutrition in both males and females according to the BMI-for-age was 38.24 percent and 34.05 percent respectively.

Age of Respondents. In this part some demographic characteristics of sample children schools are analyzed. This part is closely related to sample population and nutritional status of under three hundred thirteen children.

Table 3

Age of Respondents

	Age	12-15	14-17	15-18	18+	Total	Percentage
School							
Private school		50	20	50	37	157	50.159
Community school		50	16	55	35	156	49.841
Total		100	36	105	72	313	
Percentage		31.94	11.50	33.54	23.00		100

Table 3 shows that majority of the respondents' 33.54 percent of 15-18 years among selected age group out of which 23 percent were of 18+ and 31.94 percent were 12-15 year group. It is clear that numbers of 15-18 year student large than other age group. Among the respondent's secondary school students of grade nine and ten. The oral problem dental caries is most common disease of adolescent and one of most disease of adult. School age children are prone to develop this condition due to change in food hygiene, excessive consumption of sweet food, lack of education, no regular checkup and treatment only after pain.

In the empirical literature children are therefore considered the priority population for intervention strategies.

Family Occupation of Respondents. Parental occupation is one of the indicators of economic status of the family. Economic status of the family may have significant role in determining knowledge and attitudes of children in any respect. In this study an attempt was made to collect respondent's parent occupation. Respondents were asked about their fathers and mother's occupation as well as in order to find if there is any difference on knowledge and attitudes on modern fooding habits and health according to parental occupation

Table 4*Family Occupation of Respondents*

School	Occupation	Agriculture	Business	Labour	Other	Total	Percentage
Private school		19	80	5	53	157	50.159
Community school		45	40	21	50	156	49.841
Total		64	120	26	103	313	
Percentage		20.44	38.33	8.30	32.90		100

Table 4 shows that majority of respondent's fathers are involved in business 38.33% followed by 20.44 percent in agriculture, 32.90 percent in others. So, many of the respondent parents are dependent on business. Among 91 respondents extended family type is high in private than public school. Whereas nuclear and joint family found relatively similar in both type school. This study includes respondents from all 3 type of familial background in our society. It also shows that variation between private and public students family's occupation, in service private is extremely high than public. Similarly in farming as a main occupation of the students family from private is Zero whereas in public were 17. It also found that, in trade/business and other occupation public were high than private. Students from main occupation wage and labor were high in private whereas Zero in public. So this research includes all type of main occupation of Nepalese society.

In the view of empirical studies prolonged nutritional deficit and/or disease result in stunting, characterized by a reduction in height-for-age.

Knowledge Related Information

This chapter presents the analysis about the extent of knowledge on modern food habits and health condition among secondary level students and it also discusses their attitudes on the respective issues. In the context of knowledge, modern food, modern food habits, different types of food.

About Know Modern Food. The present time is full of fast food. Nowadays, the children of school mostly are affected by the fast food. It is harmful to a body but

know agro production is satisfied by any school and parent because they don't understand the disadvantage of fast food.

Table 5

Respondents about Know Modern Food

School	Food	Yes	No	Total	Percentage
Private school		110	47	157	50.16
Community school		106	50	156	49.84
Total		216	97	313	
Percentage		69.01	30.99		100

Table 5 shows that 69.01 percent are known about modern food and 30.99 percent not about it. So the modern food has 50.16 private school more advantage to communicate school.

Primary care providers receive limited training in prevention of oral diseases, while general dentists care for young children, but their small numbers nationwide made such services unavailable to most children. Socio-cultural influences affect not only individual's health status but also the entire health system. Keeping in mind, the very significant role and the culture play on health and oral health, this is an attempt to review the effects of key cultural factors on health and oral health.

In our empirical perspective food insecurity and malnutrition is a common problem in rural areas of developing and least developed countries.

Know about Modern Food Habits. The rural area are present time is also affected by the urban community. In urban community, the children in the school focuses on the fast food, dry food but the green items are not understood. In the rural area, people also copy to the urban. But they don't understand the value of the green leaf.

Table 6*Respondents about Know Modern Food Habits*

Food Habits	Yes	No	Total	Percentage
School				
Private school	109	48	157	50.479
Community school	96	60	156	49.521
Total	205	108	313	
Percentage	65.49	34.50		100

According to the data, majority of the respondents i.e. 65.49% were known about the modern food habits. On the other hand, 34.50% of the respondents were unknown about it. Therefore, it is clear that majority of the students had knowledge about modern food habits.

As our scholars malnutrition creates many health and socio-economic complications being a major public health problem in the developmental process, and childhood malnutrition has remained a big challenge in the developing countries.

Know about Modern Food. For the purpose of knowledge on known about modern food respondents were asked and according to the data it is found that the respondents have average knowledge on modern food. Health is a state of complete physical, mental, and social well-being in all matters relating to the reproductive system and to its functions and processes. It implies that people have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this is the right of men and people to be informed and have access to safe, affordable and acceptable method of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right to health care services that will enable people to go safely through pregnancy and childbirth (Pathak, 2001).

Table 7*Respondents Know about Modern Food*

Food Habits School	Food with proper nutrients	Food of lot species	Food of few nutrients	Package food	Total	Percentage
Private school	25	40	45	47	157	50.16
Community school	61	30	31	34	156	49.84
Total	85	70	76	77	313	
Percentage	27.47	22.36	24.60	24.28		100

Table 7 shows that among the respondents from the given options. 27.47% students have mentioned food with proper nutrients. Where 22.36% students' lot of species, 24.60% are few nutrients and 24.28% are package food. So, modern food private school eat 50.16% to a community school. Many cultural groups don't have a strong preventive orientation when it comes to their health care, and this is definitely true when it comes to oral health. People often seek care only when there is a problem. An individual might go to the dentist for a painful tooth after suffering with it for a while, and then simply expect to have the bad tooth extracted. Advanced interventions to save a bad tooth, such as root canals and crowns, may be common in the U.S. and other western countries, but is often the privilege of only wealthy people in other cultures.

In our empirical studies Nutrition is believed to be very essential for socio economic development of the country and is an essential component of millennium development goals.

Type of Food Most Eat. There are different types of foods but the readymade, fast food and non-agro product are prioritized. The fast food like Chauchau, biscuit and bread are only given tiffin and breakfast to the children which are unethical to the body.

Table 8*Respondents Most Eat Food*

School	Food Most Eat	Mo mo	Chau– chau	Biscuit	Homemade food	Total	Percentage
Private school		52	20	25	60	157	50.16
Community school		50	30	21	55	156	49.84
Total		102	50	46	115	313	
Percentage		32.58	15.97	14.69	36.74		100

Table 8 Shows that 36% eat homemade food. It is good but mo-mo, chau chau, biscuit also eat. So 32% mo-mo, 15% chau chau and 14% eat biscuit. Among the selected students and among them vast majority are homemade food which 36%. The aim of the family planning programs must be enable couples and individuals to decide freely and responsibly the number and spacing their children and to have the information and means to do so and to ensure inform choices and make available a full range of safe and effective methods. The success of population and family planning programs in a variety of setting demonstrates that informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities.

In the empirical studies poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.

About Know Cultural, Religions, Place Based Food. There is a unity in diversity in Nepalese social composition. In this study, the nutritional condition of three different caste groups of children were analyzed. Social norms and values are also affects the nutritional status of children. So this part shows some social variables which are closely related to child nutritional condition.

Table 9*Respondents about Know Cultural, Religions and Place Based Food*

School	Food	Yes	No	Total	Percentage
Private school		102	55	157	50.16
Community school		110	46	156	49.84
Total		212	101	313	
Percentage		67.73	32.26		100

Table 9 shows that 67.73% are known about cultural, religions and place based food and 32.26% no about cultural, religions and place based food. So that religious and place base food private school 50.16% to learn in child but community school 49.84% has been loose it. It also found respondents have knowledge about oral health more in privatethan inpublicschool.

Wasting and stunting are associated with functional consequences. Nutritional assessment involves anthropometric measurement, biochemical tests, clinical observation, functional assessment, dietary survey, ecological study and study of vital statistics.

Practice of Respondents. As this study had aimed at finding out the knowledge and attitude on modern fooding habits and health condition among secondary school students, it has collected data on different food, where get junk food, family advice on consuming local food, tiffin practice, handwash practice of the respondents.

Eat Readymade Food. The readymade food is manufactured by the machine through the agro production but it is mixed by the different chemicals and packaged by prestige and different unnecessary taste. This food is only for taste not nutrition for body.

Table 10*Respondents Eat Readymade Food*

School	Readymade Food	Sometime	Everyday	Occasionally	Other	Percentage
Private school		75	40	15	30	50.16
Community school		90	38	22	6	49.84
Total		165	78	37	36	
Percentage		52.72	24.92	11.82	11.501	100

Table 10 shows that among the respondents from the given options. Sometimes eat 72.72%, 24% everyday eat, other have mentioned food with 11.5%.and occasionally 11%. Private schools student eat sometime 75, everyday 40 and other 30. And community school student sometime eat 90, everyday 38 and other are 36.

Also table respondents from private school take daily sweet food than respondents from public school where as respondents from public take more sometimes.

Get Junk Food. "Junk food" is a term used to describe food that is high in calories, low in nutritional value, and often high in unhealthy additives such as sugar, salt, and fat. Consuming too much junk food can lead to a range of health problems such as obesity, heart disease, and diabetes.

Table 11*Respondents Get Junk Food*

School	Junk Food	Hotel	General store	other	Total	Percentage
Private school		48	70	39	157	50.16
Community school		66	68	22	156	49.84
Total		114	138	61	313	
Percentage		36.42	44.08	19.48		100

It is clear from table no 11 show the 44% get general store, 36% get hotel and 19% are get other. Junk food easily available on place no on governmental policy ban junk food. Also shows respondents from public school visited dentist according to necessity more than respondents from private school similarly respondents from private school visited within 6 month more than respondents from public school. Hence the study shows respondents visit dentist when they face the oral problem.

Kham & Mohanty includes the problem of identifying the determinants affecting child malnutrition has come forward since the identification of determinants is the initial step in the process of reducing child malnutrition.

Family Advice to Consume Locally Prepared Fresh Food. The nutritional status may not be same among joint and nuclear family. Here, the study has tried to find the nutritional status according to types of family.

Table 12

Respondents Family Advice to Consume Locally Prepared Fresh Food

School	Fresh Food	Every day	Sometime	Oftenly	Never	Total	Percentage
Private school		65	45	28	19	157	50.16
Community school		65	50	31	11	156	49.84
Total		130	95	59	30	313	
Percentage		41.54	30.36	18.84	9.59		100

The obtained data shows that the highest number of respondents i.e. 43.54% family advised to consume locally prepared fresh food everyday. Similarly, 30.36% of the respondent's family advised to eat sometimes. Likewise, 18.84% the respondents' family often advised to eat locally prepared fresh food. 9.59% of the respondent family never advised to eat locally prepared fresh food. The result shows that the highest number of the respondents' family advised their children to consume locally prepared fresh food.

On the basis of studies of Qattari adequate nutrition is an essential requirement for a healthy life and better functioning of the human body, and it causes the upward socio-economic development of any country.

Eat as Tiffin. If the nutritional status of the children is good, the child health status may be good. In growth and development of children, nutrition and heredity play a vital role. Generally, families with enough resource have their children's growth and development in right way but those have not enough resource might result in their children's Malnutrition. In contrast, there may be the cases of nutritional deficiencies due to the food habits. Poor people can have nutritional intake and people living in urban may be sufficiency from food and nutritional deficiency, even though, they have resources.

Table 13

Respondents Eat as Tiffin

School	Eat as Tiffin	Homemade food	Junk food	Canteen available	Other	Total	Percentage
Private school		45	35	60	17	157	50.16
Community school		65	30	35	26	156	49.84
Total		110	65	95	43	313	
Percentage		35.15	20.77	30.36	13.74		100

Tiffin is the essential part of student life. To lead life, tiffin plays a vital role. It is the basic needs to growth and development of child life. This study show 35%eat homemade food, 30% canteen available, 20% eat junk food and 13% are other. Lack of healthy food affects the health, education, nutritional status and other aspects of student life, all round development of student. Knowledge and Hygiene practice is most important for maintaining good oral health.Majority of students had adequate knowledge on basic oral health care measuresnecessary to maintain proper oral health, but the practice of them were relatively poorin both private and public school. Oral health program should be conducted withreinforcement,sothatstudentscanclosegapbetweenknowledgeandhygienepactice .Itwas assessedthe need for oralhealth programand treatmentatschoollevel.

In the empirical literature Sah presents the nutritional status of children is determined by the household food security status.

Type of Food Eat as Lunch and Dinner in More Amount. Inadequate dietary intake and disease particularly infection are immediate causes of malnutrition, healthy food is the most important to grow of child. So “Growth failure is the first sign of Malnutrition.” It is obvious that each person must eat an adequate amount of good quality and safe food throughout the year to meet all nutritional needs for body maintenance work and recreation and for growth and development in children.

Table 14

Respondents Type of Food Eat as Lunch and Dinner in More Amount

School	Food Amount	Boiled food	Fried food	Spicy food	Other food	Total	Percentage
Private school		45	43	50	19	157	50.16
Community school		55	43	33	25	156	49.84
Total		100	86	83	44	313	
Percentage		31.94	27.47	26.51	14.05		100

Table 14 shows that 31% boiled food involve on lunch and dinner in more amount. 27.47% fried food, 26.51% spicy food and 14.05% are involved other food. So private school has more and community school has less type of food eat as launch and dinner in more amount. To emphasize on need for the oral health education of the school children, aiming atimproving oral health knowledge and continuous implementation of school oral healthpromotion program. As, adolescent age group of school students are the right timewhen the knowledge and hygiene practice can still be molded, leading towards correctknowledge along with positive attitude which is essential to bring about a change intheir oralhealth.

In the observation of Qattari proper nutrition in childhood is considered to play a pivotal role in the physical, mental, and emotional development of children through to their later adult life.

Hand Wash Practice. Health care practice is one of the most important factors in how individuals perceive their quality of life. Malnutrition or undesirable physical or disease conditions related to nutrition can be caused by eating too little, too much or an unbalanced diet that does not contain all nutrients necessary for good nutritional status.

Table 15

Respondents Hand Wash Practice

School	Hand Wash	Water and soap	Water and ash	Water only	Other	Total	Percentage
Private school		72	25	43	17	157	50.16
Community school		63	40	31	22	156	49.84
Total		135	65	74	39	313	
percentage		43.13	20.77	23.65	12.46		100

Table 15 shows that 43.13% use water and soap, 20.77% use water and ash, 23.65% only water and 12.46% are use other. This practice is lack on controlling communicable disease, covid-19 and other health problem. So private school has more and community school has less hand wash practice. Nepalese are very particular about oral hygiene. Many people in the countryside use twigs of neem tree as a toothbrush: some use ashes: and charcoal. The educated and those who have come in contact with urban life use toothbrushes. Indeed, cultural influences overlap with dental health literacy, socioeconomic status, and personal experience in complicated ways, but it is possible to identify some common beliefs and care-seeking practices around oral health that are culturally-based and significantly different from the western dental medicine model.

Chataut & Khanal in 2016 has mentioned that malnutrition is one of the most important public health problems of developing countries where resources are very limited.

Want with this Habit of Eating Unhealthy Food. It is range of pathological condition arising out of coincident lack of protein and energy is varying proportions

most frequently seen in infants and young children and usually associated with infections. This was the approach of world health organization for food intake.

Table 16

Respondents Want with this Habit of Eating Unhealthy Food

Unhealthy Food	Quite	Continue	Sometime	Other	Total	Percentage
School			eat			
Private school	49	15	73	20	157	50.16
Community school	56	26	67	7	156	49.84
Total	105	41	140	27	313	
Percentage	33.54	13.09	44.73	8.63		100

Table 16 shows that 44.73% are sometime eat as a tiffin. Children eat 33.54% quiet and 13.09% are continue food item. This practice is lack on controlling no- communicable disease, food related disease, overweight, cancer and other health problem. Cultural factors in health and disease have engaged the attention of medical scientist and sociologist. Every culture has its own customs which may have significant influence on health and oral health. The incidence of oral cancer in India due to panchewing habits is classical example to demonstrate the influence of culture on oral health. Cultural factors are deeply involved in the whole way of life, like in the matters of nutrition, personal hygiene, health seeking, and adopting healthy behavior.

According to Acharya et al. in 2016, Protein energy malnutrition has been a common health problem of the third world countries Stunting and wasting are common patterns of under-nutrition in children.

Think is the Best Idea to Remain Healthy. Multi-sectoral embracing food, health, caring practices, education and economy. The causes are classified as independent and intermediate, and consequence is defined as dependent variable. Following the convenient drinking water facility in the village, it is also expected that

the households will have saved their time to fetch the water from the source. Prior to the drinking water tap in their neighborhood, local people had to walk a long way to fetch the water, either from river or from far located natural spring or well.

Table 17

Respondents Think is the Best Idea to Remain Healthy

Healthy Tips School	Decreasing intake junk food	Consuming tasty food	Consume local food	Total	Percentage
Private school	48	40	69	157	50.16
Community school	46	47	63	156	49.84
Total	94	87	132	313	
Percentage	30.03	27.79	42.17		100

Table 17 shows that the highest number of the respondents i.e. 42.17% thought that consuming local food is the best idea to remain healthy. Similarly, 30.03% of the respondents thought that decreasing intake of junk food is the best way to remain healthy. Similarly, 17.79% of them thought consuming tasty food is the best idea to remain healthy. The result clearly shows that majority of the respondents thought that consuming local food is the best idea to remain healthy.

Singh & Gupta in 2014 has been regarded as a high priority intervention in developing countries. However it has not been prioritized in South Asia for many years.

Best Idea to Control Taking Unhealthy Food. Social factors and cultural practices in most countries have a very great influence on what people eat on how they prepare food on their feeding practices and on the foods they prefer. Nonetheless, cultural food practices are very rarely the main or even an important cause of malnutrition.

Table 18*Respondents Best Idea to Control Taking Unhealthy Food*

Unhealthy Food School	Ban on selling unhealthy food	Give education about the benefit of local food	Run public awareness campaign.	Total	Percentage
Private school	50	65	42	157	50.16
Community school	76	50	30	158	49.84
Total	126	115	72		
Percentage	40.25	37.74	23.03		100

According to the data, the highest number of the respondents i.e. 40.25% thought that selling unhealthy food need to be banned. Similarly, 37.74% of the respondents thought of giving education about the benefited local food whereas 23.03% of them thought the public awareness campaign was the best idea to control taking unhealthy food. So, it is clear that banning unhealthy food is the best idea to control taking unhealthy food and highest number of the respondents agreed on it.

In the findings of Fagbamigbe et al. in 2020, childhood malnutrition is continuing as a major public health challenge in the developing countries.

Effect Related Information

This study based on food habits and health condition of secondary school student. Therefore, it is important to know health condition of students. As this study had aimed at finding junk food and homemade food and health relation, feel healthy, unhealthy health problems of respondents and other effect related information distribution is presented.

Homemade Food do Your Health. Malnutrition affects the nutritional status, health status and socio economic status. Socio-economic condition affects the nutritional condition; nutritional status is also related to health status of the people

Table 19*Respondents Homemade Food do Your Health*

Homemade Food School	To improve health	Don't do anything	Destroy health	Other	Total	Percentage
Private school	105	10	24	18	157	50.16
Community school	110	6	20	20	156	49.84
Total	215	16	44	38	313	
Percentage	68.69	5.12	14.06	12.14		100

Table 19 shows that improve health 68.69%, don't anything 5.12%, destroy health 14.06% and other are 12.14%. So, the data showed positive response on homemade food. Health is a determinant factor for quality of life. The craniofacial complex allows us to speak, smile, kiss, touch, smell, taste, chew, swallow, and to cry out in pain.

It provides protection against microbial infections and environmental threats. Oral diseases restrict activities in school, at work and at home causing millions of school and work hours to be lost each year the world over. Moreover, the psychosocial impact of these diseases often significantly diminishes quality of life.

As cited in Harding et al., 2018, the prevalence of wasting in South Asia was above 15% threshold considered as a critical public health problem.

Think Unhealthy Food to Our Health. The healthy children as the pillar of the country 'food and nutrition policy' has been set for the first time in the eight plan in the process of formulating national development policy.

Table 20*Respondents Think Unhealthy Food to our Health*

Unhealthy Food School	Improve health	Don't do anything	Destroy	Other	Total	Percentage
Private school	30	40	80	0	150	49.66
Community school	35	32	85	0	152	50.34
Total	65	72	165	0	302	100

Table 20 shows that 65 respondents believed that unhealthy food improved their health. Similarly, 72 respondents believed that unhealthy food didn't do anything to their health. On the other hand, 165 respondents believed that unhealthy food destroyed their health. 49.66% of the total respondents belonged to private school and 50.34% of them were from community school.

Among them majority of the students i.e. 54.63% believed that unhealthy food destroyed their health.

Feel Unhealthy. Children and women in developing countries are most vulnerable to malnutrition because of low dietary intake, infectious diseases and lacks of appropriate health care and inequitable distribution of food within the household. One of the greatest barriers to accessing oral health care is a person's culture or environment, which significantly influences behavior. Culture can affect diet, oral hygiene habits, and perceptions of the seriousness of tooth decay. The influence of culture on use of dental services and oral health outcomes means that even when income is not an issue and services are available, learned behaviors can determine health-seeking behavior. Oral health is integral part and essential to general health.

Table 21

Respondents Feel Unhealthy

Feel Unhealthy	Yes	No	Total	Percentage
School				
Private school	64	93	157	50.16
Community school	57	99	156	49.84
Total	121	192	313	
Percentage	38.65	61.34		100

Table 21 shows that 38.65% are feel unhealthy and 61.34% are no about it. So, private school has more than community school feel unhealthy. Human health has different health aspects. Among them, oral health is one them, oral disease have a significant impact on the health through pain, morbidity and mortality. Among oral

disease dental caries is the most common disease of children and adults. Oral cancer is one of the leading causes of mortality and morbidity; and is most common form of cancer in male and third most common cancer in females (Krieger, 2011).

As the study of Achakzai & Khan in 2016 nutritional assessment in children is needed to determine their nutritional status and problems in their food regimes and if identified, to treat such problems in order to prevent them from becoming larger and threatening to children's health.

Health Problem of Respondent. Nutrition is concerned about the food that a person eats to live, to grow, to reproduce, to keep healthy and well, and to have energy for work. Nutrition is an important environmental factor in realizing full growth and potential development of an individual.

Table 22

Health Problem of Respondents

School	Health Problems	Dental	Over weight	Digestion problem	Other	Total	Percentage
Private school		52	15	40	50	157	51.01
Community school		48	30	33	45	145	48.98
Total		100	45	73	95	313	
Percentage		31.94	14.37	23.32	30.35		100

Table 22 shows that 31.94 % dental problem, 14.37% over weight, 23% digestion problem and other are 30%. over weight and dental problem are root of non-communicable disease. Health problem of respondent data collection on dental, overweight, digestion problem and other. In the context of Nepal there is lack of research in the field of oral health is one of the biggest problem to find out exact situation of country. Recently social scientist develops interest in the field of oral health. It may be helpful to explain briefly this recent application of oral health. Sociology itself, although of fairly long standing as an academic discipline, has only in the last ten years or so gained in strength and respect among other disciplines to an extent sufficient to push out its frontiers

of enquiry beyond the classical fields of poverty and social deprivation. Few studies have engaged in the issue of social class and access related to dental health care from a ethnographic perspective. Social conditions in early life influence the later development of caries, and the risk related to poor dental health are accumulated during the life course.

In the study of Cunningham et al. in 2015 combatting child malnutrition breaking the malnutrition cycle is essential for achieving an efficient labor supply for any country for its economic development.

Reason behind People Being Ill. If the nutritional status of the children is good, the child health status may be good. In growth and development of children, nutrition and heredity play a vital role.

Table 23

Respondents Reason Behind People Being Ill

School	Illness	Due to low nutrient food	Unhealthy eating habits	Less consumption of delicious food	Other	Total	Percentage
Private school		41	60	20	36	157	50.16
Community school		31	85	15	25	156	49.84
Total		72	145	35	61	213	
Percentage		23.00	46.32	11.18	19.48		100

Table 23 shows that due to low nutrient food 23%, unhealthy eating habits 46.32%, less consumption of delicious food 11.18 % and 19% other. The data presented by the respondents revealed the reasons behind people getting ill. Health is determined through lifestyle, culture, religion, education, family income, health seeking behavior and other multiple factors. Life style is one of the most important variables, which denote the way in which person of family, or community people live and works. There is a closer relationship between unhealthy lifestyle and ill health. In fact, health is also determined by various factors such as modernization, tradition, and individual behaviors.

Low height-for-age or stunting reflects a failure to reach a minimal stature associated with current and future healthy development and is a key indicator of chronic under-nutrition as per empirical studies.

Responsible to Insist Use Junk Food. It varies from district to district, community household and individual. Due to Malnutrition children are mainly suffering from vitamin 'A' deficiency, Anemia, Goiter and Cretinism.

Table 24

Responsible to Insist Use Junk Food

School	Use Junk Food	Friend	Advertisement	Family	Other	Total	Percentage
Private school	66	55	18	18	157	50.16	
Community school	55	49	27	25	156	49.84	
Total	121	104	45	43	313	312	
Percentage	38.65	33.22	14.37	13.73		100	

Table 24 shows that the highest number of the respondents i.e. 38.65% replied that their friend insisted than to consume junk food. Similarly, 33.22% of the respondents' family insisted them to consume junk food and 14.73% of the respondents were influenced by other to consume junk food. The result clearly shows that the highest number of the respondents were encouraged by their friends to consume junk food.

While intaking the studies the assessment of the nutritional status involves different techniques which are anthropometry, Biochemical evaluation, clinical examination, and functional assessment, assessment of dietary intake, vital and health statics and ecological studies the food type is necessary.

Summary of the Findings

The researcher has studies about the modern food habits and health condition in secondary school student of Chulachuli, Ilam. Questionnaire were used as the main

tool of the data collection to the objectives of this study. The main objective of the study was to find out the modern food habits and health condition. The study has aimed to progress on healthy fooding habits and achieving good health in Nepal. Majority of the households do not need now to use other sources of drinking water. The present drinking water source has been sufficiently meeting the local demand of water. Various efforts are still being made by the government of the country, public and private institutions as well as various donor agencies to provide adequate quantities of water of reasonable, though not entirely satisfactory, quality. The major findings of the study were as follows.

- Out of total 117 respondents, Kirat 59%, buddies 19%, and other 20.76% . Out of total respondents, it was found that 33.54 percent 15-18 year, 23% 18⁺, and 12-15 year 31.94, Limbu are study on private school then other community students.
- Among the total respondents knowledge about the modern food 69% and knowledge about modern food habits 65%.
- The respondents 36% homemade food, 32% Momo, 15% Chau-Chau and 14% eats. Lack of knowledge on modern food 30% and modern food habits 34%.
- 67% are known about cultural food. Get junk food from general store 44%, hotel 36%, other 19.48%. Using practice of readymade food sometime 52%, everyday 24%, occasionally 11.8%, other are 11.50%.
- Tiffin practice of respondents are homemade 35%, canteen available 30%, junk food 30%, and type of food eat as lunch and dinner in more amount boil food 31%, fried 27%, spacy 26% and other 14%.
- Hand wash practice of respondent water and soap 43%, water and ash 20%, water only 23%, other 12%. Want with this habits of eating unhealthy food sometime eat 44%, quite 33%, continue 13%,and other 8%.

- Best idea to control taking unhealthy food ban on selling unhealthy food 40%, give education about the benefits of local food 37%, run public awareness campaign 23%.and think the best idea to remain healthy decreasing junk food intake 30%, consume local food 42%, consume tasty food 27%.
- Homemade food do your health 68% improve health and 14% destroy health and don't do anything 5%, other are 12%.
- Health problems of respondents dental 31%, digestion problem 23%, over weight 14%, other problem are 30%.
- Respondents are responsible to insist use junk food friend 38%, advertisement 33%, family 14%, and other are 13%.

Chapter V: Conclusions and Recommendations

This chapter is the ending part of the study. It helps to clear the result of the research and it describes the conclusion and Recommendation in details.

Conclusions

Modern fooding is very common in the developing countries. It is the most common on industrial area. This food habits results in early that brings health risks for all group people. Food habit determined by the tradition and socio-economic condition. In Nepal caste system still determines various demographic and socio-economic variables so Limbu, Rai, Tamang and respondents were selected as study population for this study. In this study, it was found that most of the less knowledge on modern food and its impact on health. This study also revealed that lack of knowledge bad belief was the main cause of eat junk or modern food. So need to awareness about food, food habits, value of local food and relation of food and health. In the study, it was found that parent's education had not significance impact on nutritional status of children. The nutritional status of children belongs to Janajati Community was very poor with compared to other caste. Children from farming occupation parents are in better position rather than other occupation. The comparative age wise nutritional status of children indicates that low age group had a low nutritional status of children.

Recommendation

Recommendation for Practice Level

- a. Health Education Program should be conducted for school age group.
- b. Information about modern food such as their effectiveness and their impact on child health should be provided.
- c. NGOs and INGOs activities needed to concentrate on health related program and awareness.
- d. Health camps, free medical checkup, free advice should be emphasis in the grass root level.

Recommendation for National Policy

- a. Nepal government, ministry of health and population should plan and included local food and practice programme in its national policy.
- b. Regular program of junk food and its impact should be conducted by the related Departments and organizations.
- c. Health teachers, instructors, planners and other related persons should be updated with international policy, practices and programme of modern food habits and health condition.

Recommendation for the Further Study

- a. These types of study should be conducted to find out the trends of modern food, fooding practice and health effect of the different ethnic groups in different parts of the country.
- b. A similar study could be launched considering broader areas Nepal.
- c. A Comparative study modern food health condition among old, young, teenage and child health regional areas, cultural and religious group can explore more facts about the impacts of food habits in different cultures and communities.

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Appendixes
Appendix - I
Interview Schedule for Mother
Nutritional Status of Under five years Children

i) To find out nutritional status under 5 years children.

Date: _____ House No: _____
 Ward No: _____ Name: (Head of the Family)
 Name of the Mother Children: _____

A. Demographic Characteristics: _____ Name of the Respondent: _____

Position of the Respondent

a) Father b) Mother c) Other

Household Number: _____

Household Number: _____

1. Educational Status:

Education Illiterate Literate Primary Secondary SLC+

Father

Mother

5. Types of the Family

a. Joint Family b. Nuclear Family

6. Total Family Member

a. Male b. Female c. Others

7. Total No. of under 5 year children

Name:	Age	Sex
a.....
b.....
c.....
d.....

8. Housing Status
 - a. Own
 - b. Rent
9. Land Ownership Status
 - a. 0-5 Ropani
 - b. 5-10 Ropani
10. Yearly Income
 - a. Below 1,00,000
 - b. 1- 2 lakh
 - c. 2-3 Lakhs
 - d. Above 3 Lakhs

ii) To identify of types of daily food intake of children 5 year.

1. When do you start giving supplementary food to your child?
 - a. Start adding food earlier than 4 month
 - b. Start adding food after 4 month
 - c. Start adding food after 6 month
2. In what age do you introduce adult food to your child?

a..... Month b.Month
3. How frequently do you feed your baby in a day?
 - a. 1-2 times a day
 - b. 2-3 times a day
 - c. 3-4 times a day
 - d. More than 4 time a day
4. What material do you use to prepare Jaulo ?
 - a. Skilled
 - b. Unskilled
5. What materials do you use to wash hand before feeding your child?
 - a. Soap
 - b. Ash and water
 - c. Mud and Water
 - d. Only water
6. What food did you start weaning ?
 - a. Rice, Dal, Vegetable
 - b. Sarbottam Pitho
 - c. Porridge
 - d. Other (Specify)
7. If yes, how many times had your child suffered from diarrhea within this year?
 - a. 1-2 times
 - b. 2-3 Times
 - c. 3-4 Times
 - c. More than 4 times

Appendix- II
Anthropometric Measurement

S.N.	Name of the Children (Under Five Years)	Date of Birth	Height (Inch.)	Weight (K.G.)
1				
2				
3				
4				
5				
6				
7				

iii) To find out factors in influence the nutritional status of lower than 5 year children

1. When did you start breast feeding after birth?
 - a. Within in 1 hour
 - b. within 24 hours
 - b. After 1 Day
 - d. After 2 days

2. If not why?
 - a. Afraid of child besting sick
 - b. Advised by other not fed
 - c. Due to culture influence
 - d. Others

3. How many times do you breast feed to your child a day?
 - a. 1 times
 - b. 2 times
 - c. 3 times
 - d. Many times

4. How long do you breast feed to your child?
 - a. One year
 - b. Two Year
 - c. Three year
 - d. Any others

5. How many times do you exclusive breast feeding?
 - a. 1-3 month
 - b. 3-6 month
 - c. Above six month

6. What do you feed for your baby if you milk is not sufficient?
 - a. Lito
 - b. Jaulo
 - c. Dal Bhat
 - d. Others

7. You bottle feed to your child ?
 - a. Horliks
 - b. Sarbottam pitho
 - c. Other

8. How do you know the demand of baby for feeding?
 - a. When baby cries
 - b. When milk fall
 - c. Every 2-3 hrs interval
 - d. Others

9. What are the difficulties in feeding for the child?
 - a. When baby cries
 - b. When milk fall
 - c. Every 2-3 hrs interval
 - d. Others

10. What did you do when you at work to feed your baby?
 - a. Bring baby at work place
 - b. Return home to feed
 - c. Exclusive before leave

Appendix III

FGD of mothers

1. What are some health problems that affect children in this community?
.....
.....
2. How are your children protected from being affected by these health problems/diseases?
.....
.....
3. How does the community feel about childhood vaccination?
.....
.....
4. What can you tell us about the childhood vaccination services in this community?
.....
.....
5. In your opinion, what are some of the ways these vaccination services can be improved?
.....
.....
6. In [Country], as you may be familiar with, the national programme sets a vaccine schedule.
.....
.....
7. How would you describe compliance with vaccination schedules in this community?
.....
.....

8. What are some of the reasons children do NOT receive all their vaccines at the right time?

.....
.....

9. What will be your suggestion for helping children receive all their recommended vaccines according to the schedule?

.....
.....