The nutritional status of primary school children in Kersa district, Eastern Ethiopia

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Background

What current nutritional deficiencies exist among schoolchildren?





Background

- Malnutrition is a major public health concern affecting a significant number of school age children influencing their health, growth and development, and school academic performance.
- Stunting (low height-for-age) is acknowledged as the best indicator for child growth. It indicates chronic under-nutrition and reflects the cumulative effects of under-nutrition and recurrent infections.
- Stunted children are more likely to repeat grades in school or drop out.

- Thinness (low BMI-for-age) corresponds to wasting and indicates acute under-nutrition, usually because of insufficient food intake or a high incidence of infectious diseases.
- In school-aged children it can result in delayed maturation, deficiencies in muscular strength and work capacity, and reduced bone density later in life

- In 2010, the global prevalence of malnutrition among school-age children (5-14 years old) as indicated by the prevalence of stunting, was approximately 28% (171 million children), with Eastern Africa suffering a higher rate of 45%.
- Studies from different regions of Ethiopia showed that the prevalence of stunting ranges from 9.8- 48.1% and wasting 23.3- 50% among school children, which indicated that under nutrition, is a public health problem.

- Anemia impairs the immune mechanisms, and causes increased morbidity which may lead to fatigue, low productivity, and a general sense of feeling unwell.
- In school children it impairs physical growth, cognitive development and school performance.

- World Health Organization estimated that about 40% of the world's population (more than 2 billion people) suffers from anemia. It is pervasive among schoolchildren.
- Studies from Ethiopia also showed that the prevalence of anemia among school children ranges from 5.8% 37.6%, which indicated that anemia, is a public health problem.

Objective

To assess the nutritional status of primary school-aged children in Kersa district, Eastern Ethiopia

- 1. To determine the prevalence of stunting and thinness among school children
- 2. To estimate the prevalence of anemia in school children
- 3. To identify determinants of under nutrition among primary school children





Methods

Design, setting and sample

- Cross sectional study was conducted among school children aged 5-14 years in 12 public primary schools of Kersa district Eastern Ethiopia. Demographic and Health surveillance (KDH-HRC)
- •The survey was conducted during January February 2012.
- The study population was student-parent pair.
- Students were selected randomly proportional to the student size of the study schools.
- Sample size was calculated assuming stunting prevalence of 27% at 95% confidence level and a margin of error of 2 (Total= 2081)

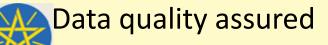




Methods

Data collection

- Interview using a pre-tested structured questionnaire translated into the local language (*Afan Oromo*)
- Anthropometric measurements: according to WHO standard procedures
- Physical assessment
- Hemoglobin determination was done by taking a finger-prick blood sample using a Hemocue haemoglobinometer (Hemocue, angelholm, Sweden).
- Dietary assessment was done using food frequency questionnaire
- •Data collectors (Nurses, lab technicians and experienced KDH-HRC staff





Methods cont...

Data analysis

- The data were double entered using EpiData 3.1 software and analyzed using SPSS version 16.
- Descriptive statistics were used to summarize categorical variables while mean and standard deviations were used to present continuous variables.
- WHO AnthroPlus soft ware was used to calculate the z-score values for height-for age and BMI-for-age.
- WHO 2006 new reference values for school boys and girls used to assess thinness and stunting.

Methods cont...

- Hemoglobin level was divided into four for two age categories. (according to WHO classification)
- For children 5 to 11 year; >11.5 g/dl normal, 11.0-11.4 g/dl mild anemia, 8.0-10.9 moderate, and < 8.0 g/dl severe anemia.
- For children 12 to 14 year; >12 g/dl normal, 11.0-11.9 g/dl mild anemia, 8.0-10.9 moderate, and < 8.0 g/dl severe anemia
- Hemoglobin concentrations were corrected for altitude as proposed by the WHO.
- Logistic regression model was employed to ascertain any significant association between independent variables and outcome variable.

Results and discussion

Demographic characteristics of the students

- A total of 1768 school children 5-14 years participated in the study (participation rate = 85%).
- The male-female ratio was 1. 34 with 57.3% boys and 42.7% girls.
- The mean age of school children was 10.7 years (SD ±2.1).
- Most of the children (45.4%) were early adolescent 10-12 years while 30.6% were preadolescents 5-9 years
- Fifty-two percent children were from the mother with age group of 24-34
- Eighty-four percent children were rural and 16% were semi-urban.
- Sixty eight percent fathers and 78 % mothers were illiterate.
- Majority of the mothers 1487 (93.4%) were housewives.
- Most children (77.1%) came from families with more than four children





Nutritional status of school children

- About nine percent (95% CI 7.6- 10.3) children were stunted while severe stunting (< -3 SD of height-for-age z-score) was 2 % (95% CI 1.3- 2.7.0) of the children.
- Stunting among children aged 13- 14 years (11.3%) was significantly higher as compared to children aged 5-9 years (7.2%).
- There was no statistical significant difference in overall stunting prevalence between boys (8.7%) and girls (9.3%).
- Thinness affected 11.6% (95% CI 10.1- 13.1) of schoolchildren; of these 1.9% had severe low BMI for age (< -3 SD of BMI for age z-score).
- Statistical significant difference observed in the prevalence of thinness (p < 0.05) between boys (12.9%) and girls (9.9%).





Multivariable logistic regression

- Children at the age 13-14 years showed a significant association with stunting and thinness (AOR 1.67, 95% CI 1.04- 2.69) and (AOR 1.62, 95% CI 1.07- 2.45) respectively.
- Females were found to be less likely than males (AOR 0.72, 95% Cl 0.52 – 0.99) to suffer acute malnutrition/thinness.
- Felling hunger at school (AOR 1.51,95% CI 1.05 -2.16) and those children from families who did not have latrine (AOR 1.47, 95% CI 1.06 2.03) were found to be significantly associated with thinness but not stunting

- Prevalence of anemia among school children was 27.1% (95% CI; 24.98, 29. 14): 13.8% were mildly anemic, 10.8% were moderately anemic, and 2.3% were severely anemic.
- The prevalence of anemia among the age group 5-9 years was 188 (34.9%) and 287 (23.6 %) among the age group 10– 14 years old children.
- Anemia was observed in 27.3% male and 26.8% female children (no statistical significant difference)





Multivariable logistic regression

paternal education AOR= 2.85 ,95% CI: 1.56- 7.01,

child age AOR= 1.59, 95% CI: 1.24- 2.04 and

irregular legume consumption AOR= 1.51, 95% CI: 1.27- 2.04

were found to be significantly associated with anemia.

Conclusion

- About 9% of school children are stunted.
- Thinness was higher than stunting indicating that acute malnutrition is more prevalent in the study area than chronic malnutrition.
- Both stunting and thinness were worsened as the study population got older.
- Felling hunger at school and not having toilet were associated with thinness.
- About a quarter of school children suffer from anemia and their educational potential is likely to be affected especially those with moderate and severe anemia

Recommendation

- Integration of nutrition interventions into a comprehensive school health programs can potentially benefit those children.
- Because stunting is not treatable it calls for preventive measures nested in multiple development sectors and requires a response that draws.

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Thank you