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Nutritional Status of the Children Suffering From Encephalitis

(With special reference to Muzaffarpur district)

★ Priyanka Kumari★★ Dr. Sangeeta Rani

Abstract:

In some districts of Bihar, especially in Muzaffarpur, Sitamarhi and *In some balitis has emerged as a serious disease, which is affecting young* Molibari, encephalitis has emerged as a serious disease, which is affecting young Monthart, case is an and sof children have died due to this disease. There has been a children and thousands of children have of enceptualities but d children and the find out the cause of encephalitis, but the cause of this disease is lot of research to find out the cause of encephalitis but the cause of this disease is lot of rescurses some research indicate that litchi is the main cause of this disease; is not yet known. some research that that another that the second state of this disease; other researchers indicated that, empty stomach, unhygienic condition and malnutrition are the main factors of the encephalitis. Keeping in mind all these things, the present study has been done. A total of 95 children (Age group 6-12 vears) who were previously suffering from encephalitis were selected (from skMCH. Muzaffarpur) for study through systematically random sampling. Data were collected from secondary sources. Information about socio-economic details. body height (cm), weight (kg) collected from skmch office record. Malnutrition was calculated with the help of AnthroPlus software. It was found in the study that most of the children belonging to the general category and 80 percent of the children were from the joint family, a severe lack of financial prosperity was found in almost all the children. The nutritional status of these children was very poor and girls were more malnourished than boys. Joint family, weak economic condition and malnutrition were found in most of the respondents and the prevalence of encephalitis in some special castes or category is necessitating further study in this area.

Keyword : Encephalitis. Nutritional Status, Normal, Malnourished.

1. Background:

As soon as the onset of summer, cases of Acute encephalitis syndrome (AES), begin to appear. Every year in Bihar, hundreds of children die due to this disease. Acute encephalitis syndromewhich is locally known as glaucoma, is feared by the disease in Muzaffarpur and surrounding districts every year. After Muzaffarpur, the maximum number of cases come from Motihari and Sitamarhi districts. From 1995, the disease knocked in the area but from 2010, the cases started coming up every year. There have been more than ten thousands cases of Acute Encephalitis Syndrome in the last 10 years in Bihar, in which about 120 children have died in only 2019. Most of the deaths have been due to hypoglycemia or low blood sugar. Symptoms of hypoglycaemia are usually seen in patients with meningitis. These relationships were established after the two years of research. Acute encephalitis syndrome is also called meningitis. This is such a dangerous and mysterious disease that even the experts have not been able to find out the exact reason for it. In fact, there is a lack of sugar and sodium in the blood of children in the

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250 fever. Not getting proper treatment at the right time can lead to death. In a study, Dr Shah the ream of doctors had carried out an investigation into the outbreak of the discasse of the discasse in the district. Muzaffarpur is a main back back in the district between 2014 and 2016. His study concluded that the virus, back in the district. Muzaffarpur is a main back back in the district between the district between the district between the district. 250 fever. Not getting proper treatment at the right time can lead to death. In a study, br shah his team of doctors had carried out an investigation into the outbreak of the discusse his team of doctors had carried out an 2016. His study concluded that the virus, backer had a major list a major list between 1000 how to show a relation between list betw fever. Not getting proper treatment fever. Not getting proper treatment his team of doctors had carried out an investigation into the outbreak of the Virus had Muzaffarpur district between 2014 and 2016. His study concluded that the virus disease Muzaffarpur district between 2014 and 2016. His study concluded that the virus disease Muzaffarpur district between 2014 and 2016. His study concluded that the virus disease Muzaffarpur district between 2014 and 2016. His study concluded that the virus disease Muzaffarpur district between 2014 and 2016. His study concluded that the virus disease major lychele disease in the district. Muzaffarpur is a major lychele disease in the major hychele district district distribution and doctors have shown a relation between lychele distribution matches and doctors have shown a major hychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution and doctors have shown a relation between lychele distribution a fever. Not get a fever had cannot be the story concluded that the virus discription of doctors had cannot be the district of the district. Muzaffarpur is a major lyched by the district of the distribution of the district of the distribution of the distr

many researchers is many researchers in the fruit on an energy of the malnutrition and encephalitis had poor nutritional status. The malnutrition is being hampered due to malnutrition. Problem r_{0} blamed the deaths on care of weight, serious diseases, lack of mental development is due to be an advelopment is being the serious diseases. Several studies and several studies and poor full tional status. Sphalitis, Studies found that most children suffering from enceptatives due to malnutrition. Problems for bildren is being hampered due to malnutrition. Problems due to be physical development of children is being being diseases. lack of mental development, loss of weight, serious diseases for our country specially in Expectation include loss of the second development of the second development. Loss of the second development of the second dev found that most enhanced of children is being nanipered due to manutrition. Problems $\frac{100}{100} \frac{100}{100} \frac{1$ physical development is que to a serious discussed of nutrition include loss of weight, serious discussed of nutrition include loss of weight are challenging problems for our country specially in Bihar state to be and physical ability etc are challenging by a very dangerous state and physical ability of encephalitis with malnutrition is pointing to a very dangerous state and also abroad, we see that whatever research with simple and also abroad. of nutrition include and physical ability etc are challenging production is pointing to a very dangerous of weigh now the association of encephalitis with malnutrition is pointing to a very dangerous state and now the association of encephalitis with malnutrition. We see that whatever research has been all the is different. So far, the exact cause of encephality has been all the been all the second secon and physical activity dangerous state and physical activity dangerous state and physical activity dangerous state and now the association of encephalitis with internet. So far, the exact cause of encephalitis, their finding is different. So far, the exact cause of encephalitis been done the disease is still being treated. now the associated in India and also acroaced in the exact cause of research has been done regarding encephalitis, their finding is different. So far, the exact cause of encephalitis <math>been done regarding encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalitis has been done to be a superior of the exact cause of encephalities has been done to be a superior of the exact cause of encephalities are exact cause of encephalities has been done to be a superior of the exact cause of encephalities has been done to be a superior of the exact cause of encephalities has been done to be a superior of the exact cause of encephalities has been done to be a superior of the exact cause of encephalities has been done to be a superior of the exact cause of the exactEven alter recent done the symptoms, the disease is still being treated and very year in still unknown. Depending on the symptoms from different towns specially in Muzaffarpur towns and June. children from different in mind all these for the special still the set of May and June. still unknown. Depending on the symptometer from different towns specially in Muzaffarpur $\frac{a_{s}b_{e_{th}}}{y_{e_{a_{t}}}}$ in the months of May and June, children from different towns all these facts, the prevent town of t the months of May and June, children neuron keeping in mind all these facts, the present study of the present stud Bihar face trouble from this disease. The relationship between encephalitis and nutritional and has been done with the aim of finding the relationship between encephalitis and nutritional and has been done with the children. health status of the children.

2. Methodology:

A total of 95 children (Age group – 6 -12 years) who were previously suffering from SKMCH. Muzaffarpur) for study through any structure from the study through any structure from the study through any structure from the study structure struct A total of 95 clinicity (received from SKMCH. Muzaffarpur) for study through systematically encephalitis were selected (from SKMCH. Muzaffarpur) for study through systematically encephalitis were selected (nom organistically random sampling. Data were collected from secondary sources. Information about socio-random sampling. Data were collected from secondary sources. Information about sociorandom sampling. Data were contained with the help of AnthroPlus software (developed to were record economic details, body inclusion with the help of AnthroPlus software (developed by WHO 2007). Malnutrition was calculated with the help of AnthroPlus software (developed by WHO 2007). Mainturnion was carculated and a second sec as severe times (>+1SD & $\leq +2$ SD) and Obesity (>+2SD) for **BMI-for-age**. Normal Mild underweight (>-2SD &< -1SD). Moderate underweight (\geq -3SD &<-2SD), and Severe underweight (< -3SD) for weight-for-age and Normal. Mild stunting (>-2SD &< -ISD). Moderate stunting (\geq -3SD &<-2SD) and Severe stunting (< -3SD) for height-for-age according to WHO 2007 classification. and compared with the World Health Organization (WHO) 2007 classification, based on BMI-for age (z-score), Weight-for-age (z-score) and Height-for-age (z-score) score). Further, appropriate statistical techniques were applied to derive the results of the present study.

3. Results & Discussion:

Table-1 Distribution of respondents according to the socio-economic characteristics.										
Variables										
Age										
 6-8 years 8-10 years 10-12 years 	32 37 26	33.68 38.95 27.37								
Gender										
MaleFemale	51 44	53.68 46.32								

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and the second	16	
007		16.84
Caregor, General	40	51.58
()]3(`	30	31.58
SC SI		
o of sibling	14	14,75
No. 01 (0-1	19	20.00
	48	50.53
. 3	09	09.47
, >3		
Religion	58	61.05
HILING	32	33.68
Muslim	02	02.11
• Sikh	01	01.05
Christian		
Type of family	19	20.00
• Nuclear	76	80.00
• Joint		
Family Income /Month (Rs)	37	38.95
● <2000	22	23.16
2001-5000	36	37.89
>5000	50	

Table-1 shows the distribution of respondents according to their socio-demographic characteristics. According to the table most of children (72.63%) were 6-10 years old. and 27.37% of them were more than age of 10 years. Majority of the respondents (53.68%) were male while rest46.32% of themwere female. More than half (51.58%) of the respondents were belonging to OBC category followed by 31.58% SC/ST and 16.84% of the general category. According to the data more than half of respondents had 3 or more 3 siblings.

It is also clear from the table that more than half (61.05%) of respondents were Hindu and only 1.05% were Christian, while 33.68% and 2.11% of the respondents were Muslim and Sikh respectively. It is evident from table-1 that a large number of the respondents (80%) belonged to joint family: where as the rest (20%) were from nuclear family. The income of each selected family was computed by inquiring about their income from various sources. Most of the respondents (38.958%) were in Rs. <2000 family income group and some of them 23.16% were in Rs. 2001-5000 income groups. However there were 37.89% in Rs. >5000 income group.

	Nutri	tional Status	of Children A	According to B	MI-for-age	-		
Sex of children	Severe Thinness	Severe Thinness		Overweight >+1SD & ≤	Obesity >+ 2SD	Total		
	< -3SD	≥-3SD &<-2SD	>-2SD &< +1SD	+2SD	(n) (%)	(n) (%)		
	(n) (%)	(n) (%)	(n) (%)	(n) (%)	(n) (%)	(11) (11)		

Table2

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Mak						- 6				- 10	14				
Female	1	14	93	8.	14		54				181	01	02	22	- diaman

The sex wise distribution of respondents for their nutritional status is shown in the sex wise distribution of the percent female children were normal within the sex the thinness of nutrition normal within the The sex vise distribution of response to the female children vere normal in tail. The present study showed that only 11 in percent female children vere normal in tail the present study showed that only 11 in similar way, the thinness of nutrition was been while the children of the sector of the The present study showed that only in the similar way, the thinness of nutrition was present male children were normal in similar way, the thinness of nutrition was present while children. The severe this present in format children to the severe this severe the se percent male children were norman in an unit (male children). The severe was present percent (female children) and 31.37 percent (male children). The severe thinness percent in female children. percent intervent (female children) and et et jace and 31.82 percent in female children thinness in malnutrition i e 41.18 percent in male and 31.82 percent in female children was less malnutrition at the second better degree of nutritional status than female children was less the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status than female children the second better degree of nutritional status the second better degr percent (Remarc end) malnutrition i e 41-18 percent in male and status than female children was lavel male children showed better degree of nutritional status than female children (here) male children while only one female children were found in overweight Table3

		Nutrition	al Statu	is of Child derate	ren as l	Per Weigh	t-Eas		
Sex of children	unde	evere erweight -38D	unde ≥ -3	derate rweight SD &< 2SD	unde >-28	Aild rweight SD &< - ISD	No	Fotal	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(1)	
Male	04	07.84	15	29.41	19	37.25	13	(%)	(n) (%)
Female	05	11.36	09	20.45	19	43.18	11	25.49 25.00	51 100
and the second se	and a consideration of the second second	And many to the second part of the second part of the				and a supervised and the supervi		- 20,00	1 MI

Anthropometric measurements are the most widely used indicators to assess the physical Anthropometric measurements. The mean weight and length of children were as Anthropometric measurements are used and length of children were assess the physical growth of children in a community. The mean weight and length of children were assessed on the second seco growth of children in a community. the basis of classification of WHO 2007 for their categorization into normal, mild, moderate and The putritional status are presented in -3 the percentage wise direct. the basis of classification of write 2000 severe malnutrition. The nutritional status are presented in -3 the percentage wise distribution of severe malnutrition. The nutritional status are presented in -3 the percentage wise distribution of the severe malnutrition of the severe malnutritio severe malnutrition. The nutritional entry boys and 25 percent were girlswere normal. Mild boys and 43.18 percent of the girls The severe severe and the severe severe severe and the severe se underweight found in37.25 percent boys and 43.18 percent of the girls. The moderate underweight tound in 57.25 percent boys and 20.45 percent of the girls. The moderate underweight was observed in 29.41 percent boys and 20.45 percent of the girls. The severe level of underweight was more in girls (11.36 percent) than boys (07.84 percent).

Table 4

	Γ	Nutritio	nal Sta	atus of Ch	ildren	as Per He	ight-F	or-Age		
Sex of children	stur	vere nting 3SD	st ≥-3	oderate unting 3SD &< -2SD	stı >-25	Mild Inting SD &< - 1SD	No	ormal	Total	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
Male	-	-	-		21	41.18	30	58.82	51	1(1)
Female	-	-	05	11.36	25	56.82	14	31.82	44	10

Children were categorized into their nutritional grade on the basis of their height-form and results obtained are presented in table - 4 and it was found that the 58.82 percent and the here and the basis of the here. percent of the boys were found in normal and mild stunting categories, respectively like remarkable that boys were not found in moderate stunting and severe stunting categories, respectively in the active and the stunting and severe stunting categories and the stunting and severe stunting categories. 11.36% of the girls were moderate stunting followed by 56.82 percent mild stunting and stunting percent normal height for age respectively.

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clusion: At present, the nutritional condition of children in Bihar is much worse than many other At present, the nutritional condition of children suffering from encoded. 4. Conclusion: At present, one statistic in children suffering from encephalitis. The condition of and same situation is visible in children suffering from encephalitis is in poor health condition of statistics and girls suffering from encephalitis is in poor health condition to outs and same summering from encephalitis is in poor health condition. The condition of boys and girls suffering from encephalitis is in poor health condition. Due to socio-with boys and girls study, it is clear that most of the children have many sibling. with boys and guiss that most of the children have many siblings and most of the south boys and guiss that most of the children have many siblings and most of the demographic study, it is clear that most of the children have many siblings and most of the some prographic study. In the insufficient or very less income.Less income lead to Lack of basic prographic like safe drinking water, proper housing, drainage and excrete dimensional like safe drinking water. respondent's family change water, proper housing, drainage and excreta disposal make this anenities like sale of infections which further compromises the nutrition. Study also find that population vulnerable to infections were belonging to joint family and the population value of the encephalitis patients were belonging to joint family and the prevalence of this the most of the most of the most of the open of this control of the most found more in OBC and SC/ST category, in view of all the the most of the conservation of the prevalence of the second and the prevalence of the discusse was found more in OBC and SC/ST category, in view of all these facts, there is an discusse of broad study on this disease to know why the prevalence of the second study of the discusse of the prevalence of the second study of the discusse to know why the prevalence of the second study of the discusse to know why the prevalence of the second study discase was to use facts, there is an use for an use facts, there is an use for an use facts, there is an use find of broad study on this disease to know why the prevalence of encephalitis is more in use for an use for a income group, joint family and some category.

5. Recommendation:

Government should organize training programme related to health and encephalitis for parents to understand the symptoms and precaution against encephalitis.

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