

Title : Nutrient Adequacy of Families in Selected Villages of Rajasthan

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Introduction:

Nutrition is a basic human need and a prerequisite to a healthy life. A proper diet is essential from the very early stages of life for proper growth, development and to remain active. The recommended dietary allowances (RDAs) are estimates of nutrients to be consumed daily to ensure the requirements of all individuals in a given population. The RDAs are suggested for physiological groups such as infants, pre-schoolers, children, adolescents, pregnant women, lactating mothers, and adult men and women, taking into account their physical activity.

Methodology:

A proportionate sampling of 191 households from three selected villages of Railmagra block in Rajsamand district of Rajasthan was done to conduct diet survey. A 24 hour diet recall method was used. The 24-hour diet recall interview is a quantitative research method used in nutritional assessment.

Results:

The diet survey in the three villages indicated that the daily intake of foods including cereals and millets in the households was lower than the Recommended Dietary Allowances or RDA. Though cereals were the staple diet of people in the selected villages but then too its percent adequacy was lower than RDA in all the age groups. The average consumption of pulses and legumes which are important poor man's source of protein was about 40-50% lower than the RDA among various age groups. Consumption of green leafy vegetables which are rich sources of micronutrients like beta carotene, folate, calcium, riboflavin and iron, was grossly inadequate. The intake adequacy of vegetables by adult male and females was very poor i.e. below 30 percent in two villages. The intake adequacy of fruits was deplorable and needs to be improved as they are termed as protective foods. The adequacy of roots and tubers in diet was also deficient and needs to be improved as they are store houses of carbohydrates fulfilling energy requirements. The consumption adequacy of milk and its products was poor and need to be improved especially among children. The intake adequacy of fats and oil was more than 100 percent that is exceeding the recommended limits across major age groups of children in the three villages with a few exceptions. But, a caution on type of fat consumed is needed as all visible fats in food are not good for health. The proportion of households with energy inadequacy was more as compared to protein inadequacy. The iron adequacy was encouraging among various age groups. But good iron adequacy does not guarantee good bio availability of iron in body because of various reasons. Iron is available in plenty in green leafy vegetables but it was not consumed in adequate quantity by the people in the study area. Since absorption of iron is limited, Vitamin C rich foods must be consumed daily to improve iron absorption. Data indicate the need to improve intake of green leafy vegetables by all age group children.

Conclusion:

Thus, it can be concluded that widespread inadequate nutrition or malnutrition is largely a result of dietary inadequacy and unhealthy lifestyle. Other contributing factors are poor purchasing power, faulty feeding habits, large family size, frequent infections, poor health care, inadequate sanitation and low agricultural production. The most rational, sustainable and long-term solution to the problem of inadequate nutrition is ensuring availability, access and consumption of adequate amount of foods. Nutrition education is the need of the day to achieve the objective of optimal nutrition to the population.

References:

- Annual Report JDF 2014
<http://ninindia.org/DietaryguidelinesforIndians-Finaldraft.pdf>