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# Nutritional intake pattern of adolescent children of working and non-working women

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#### Abstract

Adolescents are generally perceived as a homogenous group, yet they can be stratified on the basis of gender, caste, class, geographical location (urban/rural) and religion. Adolescents also include a whole gamut of categories school and non-school going, dropouts, sexually exploited children, working adolescents - both paid, unpaid, unmarried adolescents as also married males and females with experience of motherhood and fatherhood.

Key words - Status, Adolescent..

#### Adolescents

Adolescents has been described as a phase of life beginning in biology and ending in society. Indeed adolescence may be defined, as the period within the life span when most of a person's biological, cognitive, psychological, and social characteristics are changing from what is, typically considered child-like to what is considered adult-like. For the adolescent, this period is a dramatic challenge, one requiring adjustment to changes in the self, in the family, and in the peer group. In contemporary socie adolescents experience institutional changes as well. Among young adolescents, there is a change in school setting, typically Volving a transition from elementary school to either junior high school or middle school; and in late adolescence there is a transition from high school to the worlds of work, university, or childrearing. Methodology:

The study was conducted in Jabalpur district. Four colleges were selected randomly. 3 Govt. and one private college, were selected. 78 boys and 82 girls from each college thus, total 160 adolescents were selected in this study. Dependent and independent variables were used such as age, caste, education and income, anthropometrics measurement, height, weight, B.M.I., clinical assessment, dietary survey, nutritional need, intake, micronutrients, habits etc. The statistical tools were used mean, S.D., t, chi-square were used. Hemoglobin test was used by Cyan method.

Education is one of the important factors, which accelerates the knowledge of the boys and girls, it was observed in this study that 47.4 per cent boys were having high school and 34.6 per cent boys were educated up to 9th level. 50:0 per cent girls were having high school whereas 36.6 per cent educated up to 9th level. 48.8 per cent overall respondents were educated up to high school whereas 35.6 per cent were educated up to 9th level. The observed value of ?2 was significant at 5 per cent level indicates that height and weight of adolescent girls of working women and non working women, mean height and weight of working women girls were slightly increased than non working women girls. According to there was no significant difference between height and weight of girls of working women and non-working women. The mean height and weight of girls of working women were 151.48 cms and 42.69 kg respectively which were near about the same as mean height and weight of girls of non working women i.e. 151.11 cms and 42.21 kg respectively. Both mean height and weight were found less than ICMR standards shows that mean nutrients intake of adolescents girls and boys of working women and non working women, nutrients intake fat, carbohydrates and vitamin A were significant difference of working women girls and

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non working women girls. Calories, protein, carbohydrates and vitamin A were significant difference of working women boys and non working women boys. Proteins were required for maintenance in adolescents, for growth in infants and children. The relative requirement of proteins of the latter groups are higher than in adults. Fat is an important component of diet and serves a number of functions in the body. Fat is a concentrated source of energy and it supplies per unit weight more than twice the energy furnished by either protein or carbohydrate. The adult requirement of egg protein is 0.7 g per kg while requirement in terms of mixed vege protein is 1.0 g per kg. It is to be expected that children require more protein per unit body weight than do adults, because of new tissue which are being laid down during growth are largely built from amino acids drawn from the dietary proteins. The basal metabolism for a given age and sex is taken as the starting point for computation of the total energy requirement of individuals. Nicotinic acid is a vitamin intimately connected with several metabolic reactions. It takes part as a component of coenzyme in oxidative reactions and is concerned with metabolism of carbohydrates, fat and proteins.

Calorie needs increase with the metabolic demands of growth and energy expenditure. Although individual needs vary, girls consume fewer kilo calories than boys. Boys need 2500-2600 Kcal a day. Sometimes the large appetite characteristic of this growth period leads adolescents to satisfy their hunger with snack foods that are high in sugar and fat and low in protein.

The calories for both boys and girls from the age group of 1-3 years to 7-9 years remain the same. From the age of 10 years, there is a marked difference in the caloric needs of boys and girls. Adults, both female and male require less calories 160 compared to 18-19 year old. Growth and physical activity contribute significantly to the total energy requirement. For most adolescents, eating to satisfy appetite offers a reasonably sensitive indicator of energy needs, protein needs represent 12-14 per cent of energy intake. The protein intake usually exceeds 1 g/kg body weight. This meets growth needs and for the pubertal changes in both exes and for the developing muscle mass in boys.

As is evident from the protein requirement for both boys and girls are the same up to the age of ten years. But there is a gradual difference in their requirements from the age of 10 years where the boys have a higher requirement compared rement compa to girls. This pattern is similar in caloric requirement.

Between 10-12 years the requirement of protein for girls is higher compared to boys. Later boys require more than girls of the same age.

Table : 1 Nutrients intake of adolescents according to age group

Nutrients intake	Girls			Boys		
	13-14	15-16	17-18	13-14	15-16	17-18
	years	years	years	years	years	years
Energy (Kcal/d)	2002	2010	2022	2360	2420	2520
	(-2.8)	(-2. <b>4</b> )	(-1.8)	(-3.7)	(-1.2)	(-4.5)
Protein (g/d)	60	62	62	68	75	80
	(-7.7)	(-4.6)	(-1.6)	(-2.8)	(-1.3)	(+2.6)
Fat (g/d):	23	23	24	24	24	24
	(+4.5)	(+4.5)	(+9.1)	(+9.1)	(+9.1)	(+9.1)
Calcium (mg/d)	600	580	520	610	570	30
	(0.0)	(-3.3)	(+4.0)	(+1.7)	(-5.0)	(-6.0)
Iron (mg/d)	26	27	27	42	45	50
	(-7.1)	(-3.6)	(-10.0)	(+2.4)	(-2,2)	(0.0)

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Vitamin A (ig/d):	500	580	590	600	600	600
	(-16.7)	(-3.3)	(-1.7)	(0.0)	(0.0)	(0:0)
Thiamin (ig/d)	1.0	0.9	0.9	1.1	1.2	1.3
	(0.0)	(-10.0)*	(-10.0)	(-8.3)	(0.0)	(0.0)
Nicotinic acid (mg/d)	13	13	14	17	17	17
	(-7.1)	(-7.1)	(0.0)	(+(6.3)	(+6.3)	(0.0)
Ascorbic acid (mg/d)	42	43	41	42	42	42
	(15,0)	(+7.5)	(+2.5)	(+5.0)	(+5.0)	(+5.0)
Carbohydrate (gms)	236	243	245	282	292	310
	(-5.6)	(-2.8).	(-2.0)	(-6.0)	(-2.7)	(+3.3)

Table 1 shows that nutrients intake of adolescents according to age group, nutrients intake of girls were less than recommended RDA in all age group thus energy, protein, fat, calcium, iron, vitamin A and vitamin B carotene nutrients were lower in girls and boys from recommended dietary allowances. 500-600 mg of calcium is needed during adolescence, much more than an adult. Bone growth demands calcium. About 150 mg of calcium must be retained each day to allow for the increase in bone mass. Adolescents who have less bone mineral density are susceptible for osteoporosis later in their life. Iron needed for haemoglobin synthesis necessitated by the considerable expansion of blood volume and for myoglobin needed for muscle growth. The girls need to ensure adequate intake of iron as they lose 0.5 mg/day by way of menstruation. The daily menstrual loss of iron is computed from the iron content of blood lost during the menstrual period averaged over a month. If this lost iron is not replaced, it predisposes to iron deficiency anaemia. During adolescence there is an increase in body mass corresponding to about 4-3 kg/year in the male and 4 kg/year in the female. With further increase in haemoglobin by 2 g/dl in the male and 1 g/dl in the female, the respective requirement for growth alone is 0.7 mg/day in males and 0.45 mg/day in females while the obligatory losses also increase with age. The need for thiamin, riboflavin and niacin, increases directly with increased calorie intake.

## Conclusion:

Carbohydrate intake is found significantly different i.e. 2.6 g and g for WW and NWW boys respectively. The was found protein intake of body the group of boys was below than (ICMR) RDA while the fat and carbohydrate intake more than (ICMR) RDA. The poor nutritional status of adolescent especially girls, has important implication in terms of physical work capacity and adverse reproductive outcomes. However, much more needs to be done to address the issue of adolescent malnutrition at the national level. Adolescence as a period of increased nutritional requirements and adolescent anthropometry varies significantly. Therefore, there is a need to develop a data base of adolescent under nutrition from different parts of the country.

#### Recommendation:

To screen adolescents for severe under nutrition to determine the need for admission to therapeutic feeding. Use clinical criteria, visual evidence of extreme emaciation can identify those walk for work may also be important in identifying those in greatest need. Pregnant and lactating adolescents may need additional nutritional support.

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