Assessment of Nutritional Status of Average intake of Calcium of Rural Children in Latur District: A Geographical Analysis.

Dr. B.R.Shinde

Head and Associate Professor Department of Geography Adarsh Mahavidyala Omerga Dist.Osmanabad(M.S.) Dr. F.R.Pawar Assistant Professor Department of Geography Adarsh Mahavidyala, Omerga Dist.Osmanabad (M.S.)

Dr. R.M.Mugave

Assistant Professor Department of Geography Adarsh Mahavidyala, Omerga Dist.Osmanabad (M.S.)

Abstract

For the present research work in the latur district of Maharashtra state is selected as a study region. It lies between $17^{0} 52^{1}$ and $18^{0} 50^{1}$ north latitudes and $76^{0} 12^{1}$ and $77^{0} 18^{1}$ east longitudes. The study region area as 7372 sq.km.which contribute (2.40% of states area) with 10 Tahsils, 923 villages, 5 urban centres, According to census 2011 latur district has population 2455543 in 2011. The population Density of Latur District is 343 per sq.km. The present paper tries to study to understand the Average intake of Calcium in Latur District.

Key word : RDA (Recommended Dietary Intake), Calcium

Introduction :-

Calcium is a mineral that helps build strong bones and teeth. While you need calcium throughout your life, the amount you need changes over time. You need a lot of calcium during your growing years to build strong bone a bit less during the middle years to keep your bones strong and much later in life to prevent loss.

Your body stores ninety-nine percent of its calcium in your teeth and bones. The other one percent in your blood and soft tissue if you do not eat enough calcium, Your body will take the calcium it needs form the stores in your body.

Aims and Objects :-

i)To study the food and nutritional status of rural centers in the study region.

ii)To find out per head Daily average intake of calcium of the rural children in the study area.

Date Base :-

The above objectives are to be tested by collecting primary data and applying quantitative techniques. District health officers of the district were approached for the required secondary information to supplement first hard information.

2349-63

Methodology :-

The primary data are intended to unveil the physiological environmental economic and social aspects of health in the study area. The data thus collected were analyzed according to dietary constituents involved in each food stuff. Later on every constituent obtained from all foods consumed was summed up and total per head intake of constituent was found out for each PHC. The actual intake of constituent consumed by a person was compared with the standard unit requirement, from this comparison the level of adequacy and deficiency of particular constituent were determined. The data thus obtained were represented with the help of maps.

Sources of Calcium :-

The best sources of calcium are milk and diary products for those individuals who do not consume adequate amount of milk and dairy products a supplement may be necessary.

Include at least three servings of calcium-rich foods each day. Milk and milk product contain the most calcium but some vegetables and grains are also good source. Individuals who avoid milk product can increase calcium intake by consumine calcium. Fort it laid foods and dark vegetables. Calcium from vegetables sources may not is as well absorbed. Vitamin D helps to increase calcium absorption in the body. Choose milk and milk product fortified with vitamin D. Vitamin D is also acquired by exposure to sunlight.

Functions of Calcium :-

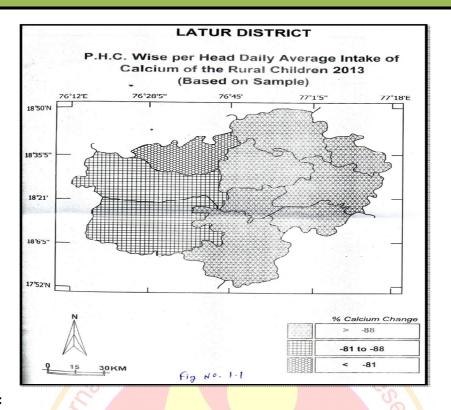
- Maintaining total body health.
- Normal growth and development.
- Keeping your bones and teeth strong over life time.
- Ensuring the proper functioning of mussels and nerves.
- Keeping the heart beating.
- Helping blood clothing and regulating blood pressure.
- Cell structure and absorbing vitamin B 12

Table No : 1 P.H.C. wise Per Head Daily Average Intake of Calcium of the Rural Children in Study Area 2013 (Based on Sample)

			Calcium (m.g.)			
Sr.No.	Tahsils	РНС	Average Intake	RDA	Surplus/Deficit	% Change
1	Lat <mark>u</mark> r ≚	Bhatangali	100.90	600	-499.1	-83.18
2	Renapur	Pangaon	154.96	600	-445.04	-74.17
3	Ahmadpur	Hadolti	34.49	600	-565-51	-94.25
4	Chakur	Chapoli	60.74	600	-539.26	-89.87
5	Jalkot 🔪	Atnoor	56.84	600	-543.16	-90.52
6	Shirur (A)	Shirur A.	53.86	600	-546.14	-91.02
7	Ausa	Lamjana	99.13	600	-500.87	-83.47
8	Nilanga	Kasar (S)	61.54	600	-538.46	-89.74
9	Deoni	Walandi 🏑	39.47	600	-560.53	-93.42
10	Udgir	Nalgir	41.15	600	-558.85	-93.14

Source:Cpumputed By the Researcher.

The table No.1.1 shows the PHC wise per head daily average intake of calcium of rural children in the study region. Calcium intake is less than the RDA in all tahsils. It is more server in ahmadpur. (-94.25 percent) tahsil where calcium intake is followed by Deoni (-93.42 percent) and Udgir (-93.14 percent). Fig No. 4.5 shows the calcium intake of rural children in Latur District in 2013.



Conclusion :

To nutritional consumption pattern of children in rural areas of latur district is very pathetic. To assess nutritional status and consumption vital nutrients which are essential for healthy growth of children were taken into consideration. Besides these social causes like low standard of living, poverty lack of balanced diet unhygienic helth practices like washing clothes, untensils in rivers, dams, near the sources of drinking water, illiteraly and health ignorane etc are responsible for the prevalence of calcium change ahmadpur, Deoni and Udgir tahsils in the study area.

Reference :-

- 1) Dr. G. N. V. Brahamam, Revised Recommended Dietary Allowances for indias-2010, National institute of Nutrition (I.C.M.R.) Jamai-Osmania (p.o) Hyderabad.
- 2) Joint FAO/WHO Expart consulation on Calcium and Amino Acid Requirement in Human nutrition, who Technical Report series X10.935,2007.
- 3) Indian Nutrition profile Department of women and child development Government of India 2010.
- 4) The India Child a profile (2002) Table No.14 Department of Women and Child Development Govt. of India.