

PREVALENCE AND ASSOCIATIONS OF MALNUTRITION, ANAEMIA AND MICRONUTRIENT DEFICIENCIES AMONG UNDERPRIVILEGED RURAL PRIMARY SCHOOL CHILDREN IN MALAYSIA

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INTRODUCTION



Malnutrition leads to impaired growth, increased risk of infection, impaired cognitive function, and premature death among children (Guerrant *et al.*, 2008).

Though the poverty rate in Malaysia has been drastically reduced, malnutrition is still a major issue among Malaysian children, especially in rural areas (Redmond *et al.*, 2017).



Objective: To determine the prevalence and associations of malnutrition, anaemia, vitamin A deficiency (VAD), iron deficiency and iron-deficiency anaemia among underprivileged rural primary school children in Malaysia

METHODOLOGY

STUDY DESIGN

Cross-sectional study (Baseline assessment of a randomised clinical trial)

STUDY LOCATIONS AND RESPONDENTS

Primary school children (n= 766) from 10 primary schools in rural areas of Malaysia

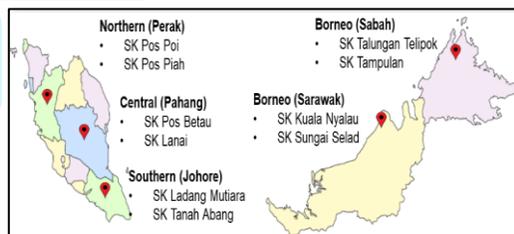


Figure 1: Study locations according to regions.

APPROVALS

SELECTION OF PRIMARY SCHOOLS

CONSENT

DATA COLLECTION

DATA ANALYSIS

- Ethical approval was obtained from MREC (NMRR-16-1905-32547)
- Approvals were obtained from MOE, MOH & JAKOA

10 primary schools from 5 different states located in rural areas of Malaysia were randomly selected based on suggestions and lists from MOE and JAKOA

Parental written informed consents were obtained before commencement of the study

- Fasting blood samples were collected for biochemical analyses
- Anthropometric measurements were measured using SECA Clara 803 and SECA 213 mobile stadiometer

- Anthropometric indices were computed using anthro R-package (WHO)
- Associations of malnutrition, anaemia and micronutrient deficiencies were analysed using logistic regression test (SPSS, Version 23)

Figure 2: Study flow diagram.

RESULTS & DISCUSSION

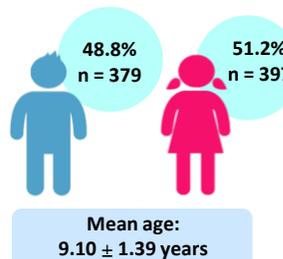


Figure 3: Gender distribution and mean age of children (n=766).

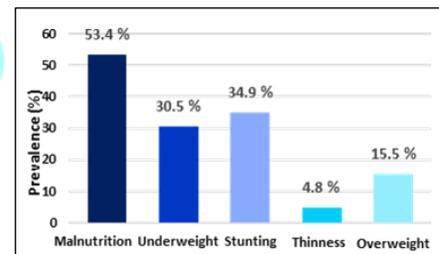


Figure 4: Prevalence of malnutrition, underweight, stunting, thinness and overweight among children (n=776).



Figure 5: Stunting problems among children aged 10 years old.

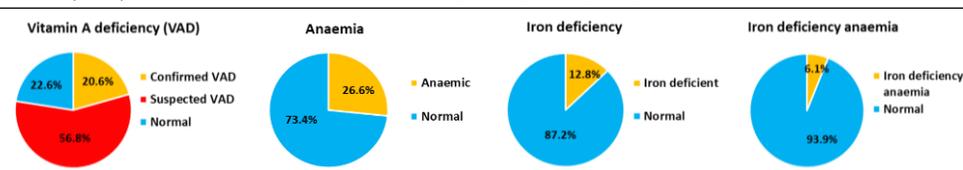


Figure 6: Prevalence of vitamin A deficiency (VAD), anaemia, iron deficiency and iron deficiency anaemia among children (n=776).

Table 1: Associations of malnutrition status with gender, age group, vitamin A deficiency, anaemia, iron deficiency and iron deficiency anaemia.

	Underweight*		Stunted*		Thinness*		Overweight*	
	n (%)	OR (95% CI)	n (%)	OR (95% CI)	n (%)	OR (95% CI)	n (%)	OR (95% CI)
Gender								
Boys	91 (33.6)	1.3 (0.9-1.9)	136 (35.9)	1.1 (0.8-1.5)	22 (5.8)	1.6 (0.8-3.2)	65 (17.2)	1.3 (0.9-2.0)
Girls	77 (27.5)	1	135 (34.0)	1	15 (3.8)	1	55 (13.9)	1
P value		0.122		0.583		0.150		0.161
Age group (years)								
< 10	135 (29.5)	0.8 (0.5-1.2)	152 (33.2)	0.8 (0.6-1.1)	19 (4.1)	0.7 (0.4-1.4)	67 (14.6)	0.8 (0.6-1.2)
≥ 10	33 (15.3)	1	119 (37.4)	1	18 (5.7)	1	53 (16.7)	1
P value		0.252		0.224		0.294		0.384
Vitamin A deficiency (VAD)								
Retinol (< 0.7 µmol/L)	53 (41.4)	1.9 (1.3-2.9)	73 (45.6)	1.8 (1.2-2.5)	11 (6.9)	1.6 (0.8-3.2)	17 (10.6)	0.6 (0.4-1.1)
Retinol (≥ 0.7 µmol/L)	115 (27.2)	1	198 (32.3)	1	26 (4.3)	1	103 (16.7)	1
P value		0.002		0.002		0.232		0.076
Anaemia								
Anaemic	44 (44.9)	2.2 (1.4-3.4)	59 (50.9)	2.2 (1.5-3.3)	7 (6.0)	1.3 (0.5-2.9)	12 (10.3)	0.6 (0.3-1.1)
Non-anaemic	124 (27.4)	1	212 (32.2)	1	30 (4.5)	1	106 (16.4)	1
P value		0.001		0.000		0.600		0.112
Iron deficiency								
Iron deficient	33 (44.6)	2.0 (1.2-3.4)	53 (53.5)	2.4 (1.6-3.7)	8 (8.1)	1.8 (0.8-4.0)	8 (8.1)	0.5 (0.2-1.0)
Normal	135 (28.3)	1	218 (32.2)	1	29 (4.3)	1	112 (16.5)	1
P value		0.005		0.000		0.166		0.044
Iron deficiency anaemia								
Iron deficiency anaemia	20 (55.6)	3.1 (1.6-6.1)	30 (63.8)	3.6 (1.9-6.6)	5 (10.6)	2.3 (0.9-6.3)	3 (6.4)	0.4 (0.1-1.3)
Normal	148 (28.7)	1	241 (33.1)	1	32 (4.4)	1	117 (16.0)	1
P value		0.001		0.000		0.097		0.113

* Bivariate logistic regression (reference group is normal)

Multinomial logistic regression (reference group is normal)

OR = odd ratio, CI = confidence interval

- More than 50% of the children suffered from malnutrition problems and nearly 40% of them were underweight and stunted, which are higher than the findings by Poh *et al.* 2013. (Figure 4)
- High prevalence of confirmed VAD (20.6%) among the underprivileged rural school children, indicating a severe public health issue (>20%) (WHO, 2009). (Figure 6)
- VAD, anaemia, iron deficiency and iron deficiency-anaemia are positively associated with underweight and stunting status. (Table 1)

CONCLUSION

- Malnutrition, anaemia and micronutrient deficiencies are still public health concerns among underprivileged rural primary school children in Malaysia.
- These data highlight the urgency for multi-agencies involvement in various nutritional intervention programs to improve health status among children especially those from rural communities.

REFERENCES

- Guerrant R. L., Oriá, R. B., Moore, S. R., Oriá, M. O., & Lima, A. A. (2008). Malnutrition as an enteric infectious disease with long-term effects on child development. *Nutrition reviews*, 66(9), 487-505.
- Redmond, G., Praino, R., & Siddiquee, N. (2017). Child deprivation in Malaysia: Final report for UNICEF.
- Poh, B. K., Ng, B. K., Haslinda, M. D. S., Shanita, S. N., Wong, J. E., Budin, S. B., L. O., Khouw, I & Norimah, A. K. (2013). Nutritional status and dietary intakes of children aged 6 months to 12 years: findings of the Nutrition Survey of Malaysian Children (SEANUTS Malaysia). *British Journal of Nutrition*, 110(S3), S21-S35.
- World Health Organization. (2009). Global prevalence of vitamin A deficiency in populations at risk 1995-2005: WHO global database on vitamin A deficiency.

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