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Nutritional Status of Children under Five Years in the Tharu Community

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Abstract

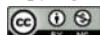
Nutrition plays a pivotal role in shaping every individual's cognitive, affective and psychomotor domains. One of the most important markers of one's general health is one's nutritional status. The most active stage of a child's growth occurs during school age. Kinds of literature shows that childhood malnutrition is one of the main reasons why child mortality rates are greater in developing countries. People's quality of life is negatively impacted by chronic malnutrition in children, which has been associated with delayed cognitive development and serious health issues later in life. It is thought that the Tharu community faces social and economic disadvantages. Therefore, the goal of this study is to assess the nutritional status of children under five in Nepal's Dang District within the Tharu community. It employed a quantitative research design involving 200 randomly selected households. Each household contributed one child for anthropometric evaluations, while mothers provided data on their children's food habits. The findings revealed important levels of underweight and low BMI, alongside average or overweight rates, indicating poor nutritional status among the children. Policymakers and healthcare professionals can use this research as a valuable reference to enhance maternal and child health outcomes in Nepal.

Keywords: Nutritional status, under five years children, Tharu community, Nepal

Introduction

For the success of numerous Sustainable Development Goals (SDGs), particularly SDG 2: "End hunger, achieve food security and improved nutrition, and promote sustainable agriculture," assuring satisfactory nutrition for children is essential (Munro, 2023). Specific targets are compromised by this ambitious goal that focuses on ending malnutrition, promoting sustainable food systems, and preserving genetic diversity, all of which directly contribute to the health and well-being of the child (WHO, 2020, 2021). A determined global public health

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challenge is malnutrition, particularly affecting low-and middle-income countries(WHO, 2021).Children under five are especially vulnerable due to their needs during the critical interface due to young children's rapid growth and development (Boyden et al., 2015). Leading to long-lasting negative impacts on child's physical and intellectual development; numerous consequences of malnutrition can be devastating and significantly increase the result in risk of poor health(Bhutta et al., 2013).Ensuring adequate child nutrition simultaneously with that of women and elderly people is a necessary public health concern(WHO, 2014).The reflective impact on a child's overall health, physical growth, and intellectual development, ultimately influencing their well-being throughout life, is witnessed (Black et al., 2013). When malnutrition arises, essential nutrients are either lacking, consumed excessively, or not finished at all in the proper balance (Ahmed et al., 2022, as cited in WHO, 2023).

In recent years, Nepal has been in the verse of progressing, but child malnutrition remains an essential concern.According to NDHS (2016), one-third of children who are under the age of five stand with the lasting scars of impending while 11% deal with severe malnutrition, which is indeed very disgraceful.The widespread inadequacy in dietary intake is evident, with 27% of individuals categorized as underweight.A saddening picture of a persistent struggle is painted into these unambiguous figures, held back by complex factors like poverty, limited access to healthcare, and traditional practices.

Addressing this requires a multi-pronged approach: addressing underlying factors, promoting diverse and nutritious diets, and strengthening healthcare systems are the only ways Nepal can nourish its future generation and ensure their healthy development(NDHS, 2022).The factors contributing to the high prevalence of malnutrition in Nepal are complex and multifaceted.This complex issue arises from a tangled web of factors (Vijay & Patel, 2024).Traditional reliance on rice and lentils (Tewari et al., 2023) often falls short of necessary vitamins and minerals for the overall development of children, while seasonal shortages and unhygienic practices further compromise nutrient absorption (Vijay & Patel, 2024).Hindering access to prenatal care and child check-ups is something remote villages struggle with proper healthcare (Sharma et al., 2024), and limited knowledge about hygiene and sanitation fuels the fight against malnutrition (WHO, 2021).Open excretion and hazardous water create a breeding ground for infections that deprive growth and development resources (Zannou et al., 2024). Restricting access to nutritious food and crucial healthcare is constricted with grip by poverty, cornering many in an intergenerational cycle of malnutrition (Narayan, 2023).Diversifying diets, strengthening health care systems, improving sanitation and hygiene, and tackling poverty are required to unravel this mesh is when Nepal can genuinely nourish the children and pave the way for their healthier future(Paudel& Shrestha, 2021). Disruption of food production and access to clean water is primarily due to the combination of issue caused by frequent natural disasters like floods and landslides, which further jeopardize the vulnerable nourished state of the consequences of malnutrition reach far beyond the individual, impacting families, communities, and generations.Malnourished children are majorly at risk of infectious diseases, impaired cognitive and physical development, and chronic health issues in the future.Particularly in South Asia, about 23% of the global population stands at the highest rates of underdeveloped growth, and severe malnutrition remains a leading cause of child mortality under five in the worldwide list (Johnson, 2022).

It is crucial to design an effective intervention and policy that reduces malnutrition and improves child health outcomes by accepting the nutritional status of children under five. This article aims to consider the nutritional status of children under five in Nepal and to explain the factors that cause the high prevalence of malnutrition within this age group. Optimistically, by providing this data, this article makes meaningful contributions to ongoing efforts to improve the health and well-being of children in Nepal.

Methods and Procedures

This study employed a descriptive approach using quantitative data to understand this research deeply. To thoroughly examine the nutritional status of children under five in Ward No. Eight, Satbariya, Dang, with the Tharu community was selected. This study employed a descriptive method with a focal point on quantitative statistics. Due to the community size, a simple random sampling method was used to select 200 households from 220. Data collection involved semi-structured interviews with mothers and anthropometric measurements of the children, following established protocols. All tools were pre-tested and validated, and data analysis was conducted using SPSS software, including descriptive statistics like means, medians, and frequencies. Strict ethical considerations were followed, including obtaining consent from the respondents. Although the sample size gives a fair idea of the size of the Tharu community in this particular area, potential limitations of generalizability must be acknowledged.

Results

Socio-Demographic Characteristics of Respondents

Social demographic characteristics refer to the attributes that define the social and demographic aspects of a population or group. These characteristics may include maternal age, educational qualifications and occupation, type of family structure, household income, marital status, housing status, location of residence (urban/rural), and family size characteristics; tending these types is often crucial for social research health data. For example, socio-demographic data can shed light on potential weaknesses in child nutrition and inform targeted interventions.

Table 1
Socio-Demographic Characteristics of Respondents

Age of mothers	Age Group	Number	Percentage
	18-22	46	23.0
	23-27	91	45.5
	28-32	63	31.5
Educational qualification	Literate	193	96.5
	Illiterate	7	3.5
Occupation of mother	Housewife/Depends on	188	94.0
	Job holder	12	6.0
Type of family	Nuclear	78	39.0
	Joint	122	61.0
	Total	200	100.0

Table 1 shows a detailed picture of the socio-demographic characteristics of the study respondents, focusing on mothers' ages, educational levels, occupations, and family structures. Young mothers (23-32) dominate these communities and face different experiences due to their age. Although nearly all are educated, most blend family businesses with a few formal jobs, perhaps because of economic or social activities. Fortunately, the wealth of

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joint families provides support and stability for mothers and their children. This unique combination of adult literacy and strong family relationships highlights the need for interventions tailored to their needs.

Number of Children of the Respondents

Children among the study respondents are an important demographic factor often included in social demographic studies. It gives a valuable impression of family size, birth rate, and overall population. Data collected on many children help form policy options and guide education, health, and social welfare interventions.

Table 2

The Number of Children of the Respondents

The number of children of the respondents	Number	%
1	111	55.5
2	75	37.5
More than 4	14	7.0
Total	200	100

The number of families in this Tharu community is based on small groups. Most mothers respondents have only one child, while others, i.e., more than one-third, have two children. Only seven percent reported having more than four children. This trend towards smaller families' changes compared to previous generations, with over 93% of mothers determining for one or two children. Understanding the reasons for this shift from economic realities to social norms requires further examination in light of other factors gathered in the study.

Additional Food for Children

Substitute foods can be more critical in meeting children's nutritional needs than a regular diet. These snacks, fruits, vegetables, dairy products, and other nutrient-dense foods provide vitamins, minerals, and other building blocks for healthy growth and development when the supplement is included in children's diets, helping to prevent malnutrition and severe conditions with long-term ill health and wellbeing outcomes.

Table 3

Additional Food for Children

	Number	Percentage (%)
Which food prefer along with milk (Junk food	176	88.0
Which food prefer along with milk (Dal Bhat Tarkari)	187	93.5
Which food prefer along with (Fast food)	114	57.0
Total	200	100.0

Favorites are dominated by junk food covered in milk, and the favorite baked vegetable dal is even covered in milk. More than half crave dairy fast food, indicating a shift towards convenience and permission in addition to tradition. This program reflects a moving change in cooking choices in the area.

Colostrum Feed

Colostrum, nicknamed 'liquid gold' for its precious composition, is the first milk secreted by mammals, including humans, after giving birth. This thick, yellowish liquid is rich in antibodies, protein, and other essential nutrients like immunoglobulins, providing vital protection and nourishment in the critical first days of life.

Table 4

Colostrum Feed of Respondents

	Number	%
Yes	196	98.0
No	4	2.0
Total	200	100.0

Most of the mothers in this study choose to feed their newborns colostrum, confirming that it is recognized as an essential first food, but a small percentage did not follow this process. Investigating the reasons behind these inconsistencies, whether misinformation, cultural beliefs, or access to health care, is essential to ensure that every infant has the best possible start in terms of safety and, physical fitness immune benefits of colostrum.

Additional Food in Pregnancy

During pregnancy, consuming a diet rich in fruits, vegetables, whole grains, lean protein, and healthy fats is crucial to provide essential nutrients for a baby’s healthy growth and development. While most women meet their needs with the recommended daily intake, women carrying multiples, athletes, or those with certain medical conditions may require additional calories based on their circumstances.

Table 5

Additional Food in Pregnancy

	Number	%
Yes	182	91.0
No	18	9.0
Total	200	100.0

While most mothers agreed on the importance of supplementation during pregnancy, a worrying nine percent disagreed. It is important to investigate the reasons for this discrepancy. Are cultural stereotypes, economic barriers, or access to nutritional guidance preventing these women from meeting their increased nutritional needs? Addressing these potential barriers is important to ensure that all pregnant women in the community have access to adequate antenatal nutrition and optimize their own health and that of their developing infants.

Additional Food Time for Respondent's Baby

At around 4-6 months, when children's digestive system is better equipped to break down and absorb nutrients from solid foods, babies signal the time for complementary foods. This exciting transition, often involving purees and soft cereals, introduces them to a wider range of tastes and textures, playing a key role in their growth and development.

Table 6
Additional Food Time for Respondent's Baby

	Number	%
After 5 months	59	29.5
After 6 months	141	70.5
Total	200	100.0

While the World Health Organization recommends introducing complementary foods around 6 months, Table 6 data suggests that a significant portion of respondents (nearly 71%) started later. Understanding the reasons behind this deviation could inform efforts to promote optimal infant feeding practices.

Sources of Knowledge of Respondents Towards Nutrition

Healthcare providers are a crucial source of reliable nutrition information, followed by dedicated education programs and readily available online resources. However, don't underestimate the influence of informal channels, such as conversations with friends and family, or the wisdom passed down through cultural and traditional practices. Even one's own personal experiences with food can shape knowledge and preferences.

Table 7
Sources of Knowledge of Respondents Towards Nutrition

	Number	%
If yes,source of information be read	92	46
If yes, source of information by TV / Radio	73	36.5
If yes, the source of information by paper/ mobile	52	26
If es yes, the Source of information by other	3	1.5
Total	200	100

These communities still rely heavily on traditional media for their nutritional information. They were reading materials such as books or pamphlets reign supreme, used by almost half, closely more than one-third, followed by TV and radio (Table 7). While more than one-fourth used digital platforms such as paper apps or mobile phones, they have yet to replace the old reliable method completely. This reliance on traditional media underscores the importance of ensuring accurate and accessible information through this media to promote healthy food choices in this community.

Feeding Person of Child

Creating balanced meals for every kid can feel like a daily challenge, but the rewards are immeasurable. Offering them a variety of delicious and nutritious foods is not just filling their bellies but also setting them on the path to a healthy and vibrant life.

Table 8
Feeding Person of Child

	Number	Percent
Who feed your child (Mother)	152	76
Who feed your child (Family member)	89	44.5
Who feed your child (Child own self)	181	90.5
Total	200	100.0

While more than three-fourth of mothers remain the primary food providers in this community, a strong support system results from the active participation of family members in child feeding by more than two-fifth. Interestingly, a significant majority (90.5%) of the respondents reported that their children are involved in their diet. These data show the shared responsibility and early autonomy in achieving healthy eating, with mothers leading the way, family members lending a hand, and children gradually taking ownership of their nutrients. This collective approach to eating positive experiences develops and empowers children to build knowledge choices as they grow up.

Food Preference, Vitamin A, Vaccination Age, Hand wash, Toilet

Cravings dance to the tune of culture, mind, and body, reflecting our food preferences. Vitamin A, a dietary marvel, shields vision, skin, and immunity. Following the vaccination schedule, shots at specific ages fend off disease. The simple act of hand washing is a cornerstone of hygiene, while the unassuming toilet, hygiene's champion, keeps us healthy. These simple forces, from taste to health, weave the tapestry of our lives.

Table 9

Food Preference, Vitamin A, Vaccination Age, Hand Wash, Toilet

		Number	Percent
Food preference	Along with milk (Junk food)	176	88.0
	Along with milk (Dal,BhatTarkari)	187	93.5
	Along with (Fast food)	114	57.0
Vitamin A for baby	Yes	176	88.0
	No	4	2.0
	Not sure	20	10.0
Vaccination age appropriate	Yes	198	99.0
	No	2	1.0
Hand wash after toilet	Just water	17	8.5
	Kharaniwater	3	1.5
	Soap water	180	90.0
Toilet at home	Yes	198	99.0
	No	2	1.0
Total		200	100.0

Table 9 reflects an interesting mix of interests and local priorities. Food shortages tempt four-fifths of the population, with milky Dal, Bhat, andTarkari reigning supreme, reflecting deep cultural ties. Vitamin A and vaccination rates are higher than 88 percent and 99 percent, respectively, indicating a commitment to child health. Cleanliness took center stage, with 90 percent ranking hand washing and universally nearly 99 percent havinga toilet at home. This data shows that their food choices, health practices and hygiene habits reflect a remarkable range of human desires merged with responsible practices.It is a fascinating representation of the unique way this community consumes well-being.

Birthplace of Child and BabyIllness Period

The duration of a baby's illness depends on the specific disease and its severity, with common ailments like colds, ear infections, fever, and diarrhea lasting anywhere from a few days to a week or more.

Table 10. *Birth Place of Child and BabyIllness Period*

		Number	Percent
Birthplace of the child	Home	19	9.5%
	Health post	39	19.5%
	Post health post	108	54.0%
	Hospital	34	17.0%
Babies' illness period	Per month	87	43.5%
	2-3 month	58	29.0%
	Six months	45	22.5%
	One year	10	5.0%
	Total	200	100.0%

The Tharu community seems to prioritize healthcare during childbirth, with most mothers choosing health posts instead of home deliveries. However, a concerning trend emerges with baby illnesses. While severe, year-long diseases are rare, a worrying number of babies face frequent bouts of sickness, often lasting several months. This means strengthening access to preventive care and early intervention for common childhood diseases in this community. Examining the reasons behind healthcare choices and investigating the causes of these frequent illnesses would be crucial to ensuring healthier outcomes for mothers and babies.

BMI, Height, and Weight of Children in a Tharu Community in Nepal

For children, tracking BMI, height, and weight is crucial for monitoring growth and development. These measurements reveal essential clues about body fat, growth patterns, and potential health concerns like obesity or malnutrition. Ensuring proper nutrition, activity, and regular check-ups fosters healthy growth and helps prevent complications, paving the way for lifelong well-being.

Table 11
BMI, Height, and Weight of Children in a Tharu Community in Nepal

Categories	Number	Percent
Age of Child		
Infant*	41	20.5
Early Child	159	79.5
Height of Child		
15"-25"	30	15.0
26"-35"	68	34.0
36"-45"	102	51.0
Weight of Child		
4 kg - 8 kg	16	8.0
9 kg - 13 kg	105	52.5
14 kg - 20 kg	79	39.5
Body Mass Index Category		
Underweight	161	80.5
Normal Weight	27	13.5
Overweight	12	6.0
Total	200	100.0

Table 11 highlights the physical development of children in the Tharu community. Most are early children, with a small group still infants. Regarding height and weight, most decrease into the middle categories, indicating average growth. However, there is a troubling number in the picture: most children are underweight. This shows concern about malnutrition and the need to investigate the possible causes of this rage. Though some children may be normal or

overweight, the general trend is based on malnutrition, highlighting an area that needs dedication and attention to the well-being of this younger generation.

Discussion

While rice offers valuable carbohydrates, its inherent lack of diverse nutrients necessitates diversification with other nutrient-rich foods to prevent malnutrition (Graham et al., 2007). Therefore, promoting frequent feeding, longer breastfeeding durations, and including diverse, nutrient-rich foods in children's diets through targeted education programs for mothers is crucial to ensure their optimal nutritional status. This complete approach can empower mothers and cover the way for better growth and development in children. Applying these interventions and advocating for supportive policies bridge the nutritional gap and nurture a flourishing generation.

Data found a concerning tendency in children's food preferences. Their favorite dishes are not traditional vegetables or home-cooked meals but junk food, milk, and even the beloved baked vegetable dal. Over half also favor dairy fast food, suggesting a growing preference for convenience and indulgence over tradition. It marks a significant shift in the community's culinary choices. Research indicates that basing culinary habits on traditional foods can help children develop healthy eating patterns (Belahsen, 2014). The high percentage of children preferring fast food (57%) raises further concerns, as it is often laden with unhealthy fats, sodium, and calories, potentially leading to health problems (Lustig, 2020; Popkin & Reardon, 2018). This highlights the resolve of promoting healthy food choices and reducing unhealthy options for children. Parents and caregivers must be crucial in providing nutritious meals and limiting access to junk food. Additionally, prioritizing traditional foods and healthy home-cooked meals can ensure children can access delicious and culturally appropriate nutritious options.

Most of the mothers in this study embraced the vital first food of colostrum for their newborns, but a small percentage did not. This emphasizes the need to understand the reasons behind this discrepancy. Are inaccurate information, cultural beliefs, or even limited access to healthcare preventing some mothers from providing their babies with this crucial immune booster? Colostrum, the first milk produced after birth, is nature's gift to newborns. Packed with nutrients and antibodies, it protects them from infections and diseases. Ideally, early intake within the first few hours of life is recommended by healthcare authorities (WHO, 2021). Studies reinforce the importance of colostrum. For instance, research in India (Playford & Weiser, 2021) linked colostrum feeding to reduced mortality and infection rates.

Similarly, a Ghanaian study (Apanga & Kumbeni, 2021) found it associated with a lowered risk of diarrhea and respiratory infections. Unfortunately, cultural practices and misconceptions can sometimes discourage colostrum feeding (Kruger & Gericke, 2003). Views of colostrum as harmful or unclean lead some mothers to skip it or delay breastfeeding until regular milk comes in (Gashaw et al., 2024).

While most mothers recognized the significance of nutritional supplements during pregnancy, nine percent remained unconvinced. Understanding the reasons behind this gap is crucial. Do cultural beliefs, financial constraints, or lack of proper guidance hinder these women from fulfilling their heightened nutritional needs? Addressing these potential barriers is essential to ensure all pregnant women have access to adequate prenatal nutrition, optimize

their health, and develop their babies' well-being. This concern arises because good prenatal nutrition is crucial for both mother and child. It promotes healthy birth outcomes, reducing risks of premature birth, low birth weight, and smaller babies (Dinizulu et al., 2024).

Equally, maternal malnutrition during pregnancy can increase the offspring's susceptibility to chronic diseases like type 2 diabetes, heart disease, and obesity (Thornburg & Valent, 2024). Studies confirm this link, as in the U.S., only 27% and 4% of pregnant women met the recommended intake of iron and folate, respectively (Branum et al., 2013). While the findings show a positive trend with a high percentage of consuming alternative food during pregnancy, further research is crucial to determine whether these alternate diets meet the recommended nutrient intake for optimal maternal and fetal development.

While the World Health Organization recommends introducing complementary foods around six months, this study reveals a different story. Nearly 71% of respondents started later, highlighting the need to understand the reasons behind this deviation. Early introduction, before six months, can lead to infections and hinder breastfeeding's protective benefits (Ladomenou et al., 2010). Conversely, delay beyond six months can deprive infants of vital nutrients like iron and zinc, impacting growth, development, and immunity (Krebs et al., 2014). However, there's good news! Over 70 percent in this study started complementary feeding after six months, adhering to recommended guidelines. It is encouraging, considering early introduction is prevalent in many developing countries. Even better, 7.5 percent introduced foods precisely at six months, showcasing perfect timing. This data reminds us of the importance of promoting optimal infant feeding practices. Following WHO recommendations ensures healthy growth and development for our babies. Let's continue empowering mothers with knowledge and support to build healthier future generations.

Traditional media controls extreme in this community when it comes to nutrition information. Reading materials like books and pamphlets lead the way, used by nearly half, while TV and radio hold strong with over one-third of users. Although digital platforms like mobile apps are emerging by one-fourth respondents, they have not trusted the old ways. This confidence highlights the crucial role of ensuring accurate and accessible information through these traditional channels to promote healthy food choices.

These findings align with research showing that improved nutrition knowledge leads to better eating habits and health. Capitalizing on this existing interest in learning could involve captivating TV or mobile programs or boosting reading comprehension skills for accessing nutritional information. By addressing these potential gaps, we can empower communities with the knowledge they need to make informed food choices for themselves and their families (Becker et al., 2004). However, diverse media play various roles. While printed materials like brochures or magazines may be effective for some, radio, mobile apps, and TV can reach others. Therefore, employing multiple channels and tailoring information to meet local needs and aspirations is crucial. This ensures accessibility and appropriateness for everyone (Aykroyd et al., 1963; Dutton, 2004). In essence, this community's media preferences emphasize the importance of community-level nutrition education and awareness-raising campaigns, mainly through print and digital media. But remember, diversity is key: utilizing multiple channels and adapting information to local contexts will ensure everyone has the knowledge they need to make healthy choices.

While mothers remain the central figures in child feeding within this community by three-quarters, a heartwarming picture of shared responsibility emerges. Over two-fifths of children receive supportive involvement from family members in feeding them, and remarkably, nearly 90 % are already participating in their feeding (Drake et al., 2016). This collaborative approach, where mothers guide, families assist, and children take early ownership of their nutrition, promotes positive experiences and poses the foundation for healthy choices later in life (Forrest & Riley, 2004).

This community presents an attractive combination of permission and responsibility. While four-fifths face food shortages, Dal Bhat Tarkari with milk remains the favorite, showcasing deep cultural attachment. However, impressive rates of Vit A supplementation by more than four-fifth and vaccination by 99 percent highlight a solid commitment to child health. Hygiene also takes center stage: 90 percent prioritize hand washing with soap and water, and nearly 99% have household toilets. This data shows a picture of diverse desires flawlessly united with responsible actions, revealing a unique approach to well-being. Research suggests this preference for junk food, fueled by high fat and sugar content, is not uncommon in developing countries (Hawkes, 2006; Popkin & Reardon, 2018). However, the increased consumption of Dal Bhat Tarkari, a traditionally balanced dish, offers a positive counterpoint (Locke, 2006).

Similarly, Vit A supplementation exceeding national goals and near-universal hand-washing practices with soap demonstrate proactive health measures (Billah et al., 2019). Even sanitation seems well-addressed, with 99 % having access to toilets (WHO, 2021). These findings suggest a commendable level of awareness and adherence to recommended child health and hygiene practices in this community. Further research could explore the factors behind the coexistence of indulgences and responsible choices, providing valuable insights into this community's unique approach to well-being.

Data indicate that many children in the study were born outside of health posts; in contrast, few were born in hospitals or at home. This may have implications for immediate care during and after delivery and the welfare of the time. Studies have shown that birth location can influence maternal and neonatal health, and hospital births are generally associated with better outcomes than home births or births in the case of other areas (Scarf et al., 2018). However, maternity and postnatal quality care is also essential to health outcomes. The frequency of illness experienced by the respondents in the study is of concern, as it highlights the susceptibility of young children to diseases and infections. This observation shows that most babies become ill once a month or for 2-3 months due to the immaturity of their immune system, making them susceptible to infection (Bodin & Hoffman, 2013). Other factors, such as poor nutrition, inadequate hygiene, and lack of access to healthcare services, could also contribute to the high incidence of illness among the children in the study.

The Tharu community seems to prioritize healthcare during childbirth, with most mothers choosing health posts instead of home deliveries. However, a concerning trend emerges with baby illnesses. While severe, year-long diseases are rare, a worrying number of babies face frequent bouts of sickness, often lasting several months. It means strengthening access to preventive care and early intervention for common childhood diseases in this community. Examining the reasons behind healthcare choices and investigating the causes of

these frequent illnesses would be crucial to ensuring healthier outcomes for mothers and babies.

This calls for strengthened access to preventive care and early intervention for common childhood diseases in this community. Examining healthcare choices and investigating the causes of these illnesses are crucial for improving outcomes for both mothers and babies (Pattinson et al., 2011). This concern aligns with the need for better maternal and newborn healthcare in rural areas where the Tharu population resides (Chandra & Singh, 2020). Targeted interventions like affordable skilled delivery, enhanced postnatal care, and promoting good infant feeding practices offer valuable steps towards improved maternal and child health. Finally, 80.5 % of Tharu children are classified as underweight based on BMI, falling below the expected weight gain for their kindergarten age (Saraswathi & Menon, 2017). It necessitates immediate intervention through improved access to nutritious food, enhanced health services, and education on proper nutrition and hygiene practices. In essence, while Tharu mothers demonstrate a commendable focus on prenatal care, the community faces challenges with frequent childhood illnesses and high malnutrition rates. Addressing these issues through targeted interventions in preventive healthcare, maternal and child health services, and nutritional education can pave the way for a healthier future for Tharu children and families.

The data reveals a concerning trend in the Tharu community: childhood malnutrition. Although most children fall within average height and weight categories for their age group, a staggering number are classified as underweight. These findings associate with common malnutrition observed in Nepal, where studies report that more than one third of under-five children are stunted, twenty seven underweight, and ten percent wasted (Mollier et al., 2017; NDHS, 2022). Poor early-childhood nutrition has severe consequences, including hindered cognitive and physical development, increased susceptibility to infections, and higher disease risk (Black et al., 2013). Therefore, immediate interventions are crucial to improve child nutrition and prevent malnutrition in this community and across Nepal.

Conclusion

This study focuses on the challenges and practices regarding child nutrition in the Tharu community. While mothers displayed admirable practices like colostrum feeding and traditional, worries began with limited nutritional knowledge and children's attraction to junk food. Food preferences, empowering mothers regarding the comprehensive education program is vital to link the gap. Education and community initiatives can combat the influence of junk food in promoting healthy food choices. Prime feeding practices, including frequent feeding, increment in duration of breastfeeding, and following the recommendations for complementary food introduced by WHO, should be actively advocated. Collaborative efforts among families, communities, and healthcare providers can bridge the nutritional knowledge gap, and a well-nourished generation can be nurtured in the Tharu community in these ways.

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