RESEARCH LETTERS

*Department of Physiology, South Calcutta Girls College; and #Occupational Ergonomics Laboratory, Department of Physiology; University of Calcutta, Kolkata, India; and \$Department of Physiology, Manipal College of Medical Sciences, Pokhara, Nepal. dr.banibrata@gmail.com

References

- 1. Higgins B. Peak expiratory flow variability in the general population. Eur Respir J 1997; 24 (Suppl):45S-48S.
- 2. Sharma R, Jain A, Arya A, Chowdhury B. Peak expiratory flow rate of school going rural children aged 5-14 years. Indian Pediatr. 2002;39:75-8.
- Rothenbacher D, Arndt V, Fraisse E, Daniel U, Fliedner TM, Brenner H. Chronic respiratory disease morbidity in construction workers: patterns and prognostic

significance for permanent disability and overall mortality. Eur Respir J. 1997;10: 1093-9.

- Mwaiselage J, Bratveit M, Moen B, Mashalla Y. Cement dust exposure and ventilatory function impairment: An exposure-response study. J Occup Enviro Med. 2004;46:658-67.
- Dietz A, Ramroth H, Urban T, Ahrens W, Becher H. Exposure to cement dust, related occupational groups and laryngeal cancer risk: results of a population based casecontrol study. Int J Cancer. 2004;108:907-11.
- Bergdahl IA, Toren K, Eriksson K, Hedlund U, Nilsson T, Flodin R, *et al.* Increased mortality in COPD among construction workers exposed to inorganic dust. Eur Respir J. 2004;23:402–6.
- Debray P, Chattopadhyay S, Maity P, Ghosh C. Peak expiratory flow rate and cardiorespiratory fitness of Bengali workers exposed to dust and plant source particulate matters. Indian J Comm Med. 2002;27:171-6.

Assessment of Nutritional Status of Rural Tribal Children in Tripura

This cross-sectional study evaluated the nutritional status of 608 rural tribal children (age 6 to 15 years) from Jampuijala block of West Tripura district, India. Prevalence of stunting, thinness and overweight were 23.7%, 33.4% and 0.8%, respectively. The prevalence of stunting and thinness was found to be higher in boys than in girls.

Key words: Growth, Tribal, Undernutrition.

Undernutrition is an important public health issue, especially among the tribal populations in India [1]. Anthropometry is a widely accepted tool for assessing the nutritional status in children and adolescents [2,3]. Very few studies on nutritional status of children have been reported from the tribal populations of northeast India [3-5]. Tripura, the second smallest state of northeast India, consists of nineteen classified tribal populations. The *Tripuri* is the numerically major tribal population of Tripura, and physically they exhibit mongoloid features [6]. In the present study, nutritional status of 6-15 years old children in rural Tripura was assessed.

The subjects for the present cross-sectional study were selected from the schools of Jampuijala block of West Tripura district. The cluster random sampling method was followed for selecting the subjects. Schools were randomly selected, and all the students of eligible age were included in the study. A total of 608 Tripuri school children (306 boys and 302 girls) aged 6 to 15 years were studied. All children were from low socio-economic status. Age of each subject was verified from school records. Data were collected after obtaining the necessary approval from the school authorities and written consent was obtained from each subject. The protocol and procedure employed was in accordance with the Helsinki Declaration of 1964, as revised in 2004 [6]. Height and weight of each child were measured using standard techniques [7] and body mass index (BMI) was calculated The indices of under nutrition such as stunting, thinness and overweight were calculated according to the classification of World Health Organization [2], using the 2007 WHO growth reference data for 5-19 years [8].

The peak height velocity was between 12-13 years for boys, and between 9-10 years for girls. Prevalence of stunting, thinness and overweight of rural Tripuri children is represented in **Table I**. The overall (sex and age combined) prevalence of stunting, thinness and overweight were 23.7%, 33.4%, and 0.8%, respectively. The prevalence of stunting and thinness were higher in boys than that in girls. With the advancement of age (10 years onwards), decreasing trend of thinness was observed among girls. The results of this study are contrary to the

INDIAN PEDIATRICS

Age (years)	Stunting (Height <3rd percentile)		Thinness (BMI <5th percentile)		Overweight (BMI≥85th percentile)	
	Boys <i>n</i> (%)	Girls $n(\%)$	Boys <i>n</i> (%)	Girls $n(\%)$	Boys <i>n</i> (%)	Girls <i>n</i> (%)
6	10 (38.5)*	3 (13.0)	8 (30.8)	10 (43.5)	0	0
7	6(27.3)	6 (15.8)	10 (45.4)	22 (57.9)	0	0
8	10(27.3)	4 (13.8)	16 (44.4)	9 (31.0)	0	0
9	3 (13.0)	6 (25.0)	8 (34.8)	8 (33.3)	0	0
10	8 (25.0)	0	16 (50.0)	5 (25.0)	0	1 (5.0)
11	8 (28.6)	3 (10.34)	12 (42.9)	9 (31.0)	1 (3.6)	0
12	11 (33.3)	8 (20.0)	14 (42.4)	10 (25.0)	0	1 (2.5)
13	13 (36.1)	9 (36.0)	15 (41.76)	4 (16.0)	0	1 (4.0)
14	15 (41.7)	07 (21.9)	14 (38.9)	4 (12.5)	0	1 (3.13)
15	4 (11.8)	10 (23.8)	4(11.8)	5 (12.)	0	0
All (<i>n</i> =608)	88 (28.8)	56(18.5)	117 (38.2)	86 (28.5)	1 (0.3)	4(1.3)

TABLE I NUTRITIONAL STATUS OF RURAL TRIPURI CHILDREN OF JAMPUIJALA, TRIPURA

common belief that Indian girls are at a nutritional disadvantage compared to boys, and the results also indicate that the nutritional status of rural *Tripuri* tribal children is better than that of other tribal children of northeast India as reported in earlier studies [3-5].

Acknowledgments: We acknowledge all the school authorities for providing permission to carry out this work. We thank Dr Parasmani Dasgupta, Associate Professor, Indian Statistical Institute, Kolkata for his guidance and valuable suggestions during the work.

Competing interests: None stated.

Funding: Tripura University.

SK Sil, S Roy Sarkar, S Saha and S Roy,

Department of Human Physiology, Tripura University, Tripura, India. human_growth@rediffmail.com

References

1. Bisai S, Bose K, Ghosh A. Nutritional status of Lodha children in a village of Paschim Medinipur district, West

Bengal. Indian J Public Health. 2008;52:203-6.

- WHO Physical Status: The Use and Interpretation of Anthropometry. Report of a WHO Expert Committee. World Health Organization, Technical Report Series no. 854. Geneva. 1995:1-452.
- Singh J, Sengupta S. Nutritional status of Sonowal kachari children of Dibrugarh district, Assam. Anthropologist. 2007;9:233-5.
- Gaur R, Singh NY. Growth profile of rural Meitei children of Manipur state of India. Int J Anthropol. 1995;10:189-97.
- Khongsdier R, Mukherjee N. Growth and nutritional status of Khasi boys in Northeast India relating to exogamous marriages and socioeconomic classes. Am J Phys Anthropol. 2003;122:162-70.
- 6. Touitou Y, Portaluppi F, Smolensky MH, Rensing L. Ethical principles and standards for the conduct of human and animal biological rhythm research. Chronobiol Int.2004; 21:161-70.
- 7. Weiner JS, Lourie JA. Practical Human Biology. London: Academic Press: 1981.
- World Health Organization. Growth Reference Data for 5-19 years. Available URL: http://www.who.int/growthref/ who2007/en/index.html. Assessed November 10, 2010.