

Malnutrition, a Disability to Children : Sociological Perspective (With special reference to Raichur District)

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ABSTRACT

India is the country to have about one-third of malnourished children in the world in the early 2000s. According to Global Hunger Index, Malnutrition in India results for 68% of total under-five children deaths and 17% of the total disability throughout life years . The National Family Health Survey (2005-06) results that child malnutrition rates in India is high. Some of the major effects of malnutrition are, weakness, recurring illness, delayed physical and mental development, irritability, low weight for age, poor appetite stunting height for age, poor performance at school in terms of academics and sports. The present paper analyses the status of malnutrition, its causes and effects on the rural society. The study is based on both Primary and Secondary data. The objectives of the study are :- (i) To understand the effect of Malnutrition on Children. (ii) To analyze the present status of malnutrition in the research area. (iii) To understand the Disabilities related to Malnutrition. (iv) To examine the schemes and Programmes of the Government Agencies. The size of the study is 50 respondents from Devadurga Taluk of Raichur District in Karnataka . The present study reveals that Over 2,600 children under the age of 6 years have died of malnutrition in Raichur district of Karnataka during the past two years, as per data provided by women and child welfare department. the nutritional scores also followed the above pattern and were much less in low income groups. The present study also analyzed that in the Raichur District, the children of the age group of 6-59 months who are anaemic has increased form 70.6 % (NHFS-4 2015-16) to 73.6 % (NHFS-5 2019-20), The main cause for anaemia and malnutrition is the lack of awareness, low income, poverty and further incapability to buy nutritious food grain and medicines which finally leads to malnutrition.

Keywords: Malnutrition; Hunger, Causes, Effects, Poverty, Unemployment,

INTRODUCTION

Malnutrition in India results for 68% of total under-five children deaths and 17% of the total disability throughout life years. India is home to about 30% of the world's stunted children and nearly 50 per cent of severely wasted children under the age of five. Besides, India is home to nearly half of the world's "wasted or acute malnourished" (low weight for height ratio) children in the world. (Global Hunger Index)

Today's Healthy children builds tomorrow's healthy nation. Nutritioned and healthy children perform better in school, grow into healthy adults and in turn give their children a better start in life. Child deaths are hurtful and it gets worse when it occurs due to preventable deceases. The World health organization (WHO) mentioned that 5.9 million children under the age of 5 years died in 2015. Major causes of death in children under 5 years are premature birth complications, diarrhea, pneumonia, and malaria. About 45% of all child deaths are linked to malnutrition. The main organization UNICEF have confirmed that the poor nutrition in the first 1,000 days of a child's life can also lead to stunted growth, which is irreversible and associated with impaired cognitive ability and reduced school and work performance.

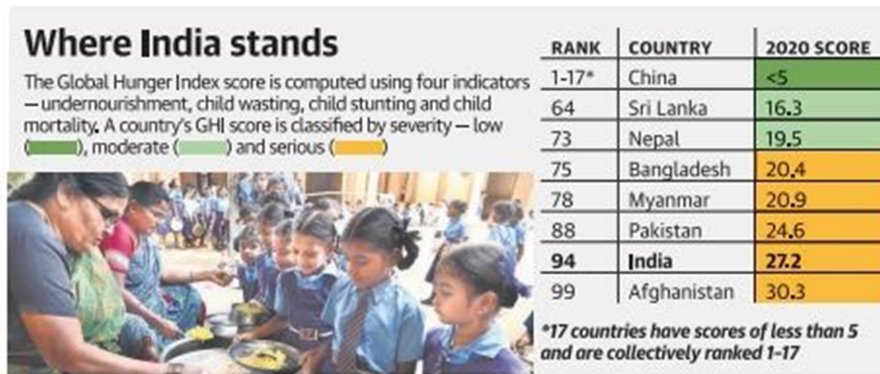
India ranked 94 among 107 nations in the Global Hunger Index 2020 and is in the 'serious' hunger category with experts blaming poor implementation processes, lack of effective monitoring, approach in tackling malnutrition and poor performance by large states behind the low ranking

Performance on the Indicators:

- Undernourishment: 14% of India's population is undernourished (2017-19). It was 16.3% during 2011-13.
- Child Wasting: 17.3% (2015-19), it was 15.1% in 2010-14.
- Child Stunting: 34.7%, it has improved significantly, from 54% in 2000 to less than 35% now.
- Child Mortality: 3.7%, it was 5.2% in 2012.

According to the Hunger and Malnutrition survey (2011) conducted by the Nandi Foundation and its association, 42 % of Indian children under 5 years old are underweight - almost double the rate of sub-Saharan Africa. Inspite of India's 50% increase in the Gross domestic product (GDP) since 2013, more than one-third of the world's undernourished children

live in India, a developing nation. Besides, nutrition-deficient individuals are less productive at work. Low or less productivity not only gives them low pay that traps them in a dangerous circle of under-nutrition but also brings inefficiency to the society, especially in India where labor is a major input factor for economic production.



BACKGROUND OF THE STUDY

According to the Nationally Family Health Survey (NFHS) 2015–16, 35.7% of children under the age of 5 years are classified as underweight. Similarly, 38.4% of children are stunted and 21% are classified as wasted. At the same time, the prevalence of obesity and micro-nutrient deficiency has increased. While there has been a decline in the incidence of malnutrition during the last 10 years, the pace of it has been commensurate with the rate of income growth and poverty decline. Explanation for the poor nutritional outcomes could be attributed to multiple factors.

According to the Ministry of Women & Child Development, Government of India, Annual Report (2018), India is the fastest-growing countries in context of population and economics, at a population of 1.365 billion and growing at the rate of 17.70% (2011 census). As per the Census report, the percentage of population living Below Poverty Line is 27.5%, its economic growth indicates new opportunities and a movement towards an increase in the prevalence of chronic diseases which is observed in at high rates in developed countries such as the Canada, United States, and Australia. The combination of people living in poverty and the recent economic growth of India has led to the emergence of two types of malnutrition: undernutrition and overnutrition.

According to the Registrar General of India, the mortality of children under the age of five was about 59 out of every 1000 live births which is one of the highest rates in the world

The Global Hunger Index (GHI) (2019) report ranked India 102nd out of 117 countries with a severe issue of child wasting. Almost one in five children under the age of five years in India is wasted (Kumar and Gautam, 2022). According to Global Hunger Index (GHI) Report (2017) by International Food Policy Research Institute (IFPRI), India ranked 100th of 118 countries with a severe hunger situation (Singh et al., 2021).

It is evident from the government data that many children are unable to get the nutrition they need due to which malnutrition, undernutrition and rising overnutrition are still pressing issues in the country. In March 2022, the Ministry of Women and Child Development (MWCD) mentioned that the country has 10 lakh children with Severe Acute Malnutrition. (Kumar & Gautam, 2022).

REVIEW OF LITERATURE

Thow et al (2016) The GR was very successful in addressing calorie sufficiency, it failed to address micronutrient malnutrition, the problem of “hidden hunger” and dietary quality. Even though staple grain self-sufficiency and increase in the calorie availability was achieved as a result of the GR, food system diversity continues to remain a major concern.

Katona et al., (2020).Nutrition deficiencies affect long-term damage to both individuals and society i.e., both economic and social aspect. Compared with their better-fed peers, nutrition-deficient individuals are more likely to have infectious diseases such as pneumonia and tuberculosis, which lead to a higher mortality rate.

Pingali and Sunder (2017) have argued that there is a strong link between where a country lies in the process of its structural transformation and achievements on nutrition. The proximate factors, which determine nutritional status, namely, agricultural productivity and income, access to food diversity, price volatility, and existence of safety nets, intra-household inequity, health and hygiene environment vary by the level of a country’s economic development. Hence, nutritional status varies across the globe. One-size-fits-all strategy, in that case might not work.

Chambers and Von Medeazza (2013) The food and health environment pathway describes the implications of nutrient absorption into the body after the food is consumed.

Open defecation, lack of sanitation and hygiene and poor water quality could lead to a loss of nutrients from the body and has been found to be a major factor which explains high malnutrition in India

OBJECTIVES

1. To understand the effect of Malnutrition on Children.
2. To analyze the present status of malnutrition in the research area.
3. To understand the Disabilities related to Malnutrition.
4. To examine the schemes and Programmes of the Government Agencies.

METHODOLOGY

The present study is based on both primary and secondary data. The primary data is collected from the Devadurga taluk of Raichur district with the following objectives. (i) To understand the effect of Malnutrition on Children. (ii) To analyze the present status of malnutrition in the research area. (iii) To understand the Disabilities related to Malnutrition. (iv) To examine the schemes and Programmes of the Government Agencies. The research methodology followed in the present study was descriptive research. A simple random sampling technique is adopted in the paper to select the sample respondents. The source of data is the primary research done by conducting questionnaire and survey of the targeted individuals. The targeted sample size was 50 from Devadurga Taluk of Raichur District . The present study is irrespective of Class and Caste.

RESULT AND FINDINGS

Child Mortality : Over 2,600 children under the age of 6 years have died of malnutrition in Raichur district of Karnataka during the past two years, as per data provided by women and child welfare department. As many as 4,531 malnourished children are on their deathbed. Malnutrition has hit epidemic proportions in villages of Devadurga and Manvi taluks in the Raichur district. According to the department's data, 2,689 children have died due to malnutrition, of which 811 died in 2009 while the number went up to 1,233 in 2010. As many as 645 such deaths have been recorded till August 2011. Malnourishment among kids is so acute in Raichur - which is at the bottom of the 30 districts of the state in terms of human development index - that such deaths have become common to every household in the district. Malledevara

Gudde, Nagada Dinne, Markam Dinne, Magol, Kydigera, Ganadhal and Jagirujagil Dinne villages are the worst affected. They have no access to clean drinking water, public distribution system or government job schemes.

Anaemia :- Anemia is a condition characterized by a decrease in the concentration of hemoglobin in the Blood. India is lagging behind in terms of achieving its national targets of Anemia Mukht Bharat Abhiyan under Poshan Abhiyan (2018). Anaemia is more common in low socioeconomic class, the reasons were varied but the most important was inadequate amount of food which shown that the nutritional scores also followed the above pattern and were much less in low income groups. The present study revealed that in the Raichur District, the children of the age group of 6-59 months who are anaemic has increased from 70.6 % (NHFS-4 2015-16) to 73.6 % (NHFS-5 2019-20), Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) has also increased from 57.9 % (NHFS-4 2015-16) to 59.9 % (NHFS-5 2019-20), Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) has slightly decreased from 73.1 % to 69.1%. All women age 15-49 years who are anaemic has increased from 58.7 % to 60.4 %. Anaemia is a common problem in reproductive age group women because due to low income they are unable to take dietary food, lack of awareness is also a main cause of anaemia.

Illiteracy :- Another major factor for malnutrition is illiteracy, when people do not have awareness and knowledge that healthy food is essential for their survival. They tend to consume unhealthy food items and deprive themselves to basic nutritional requirements. Illiteracy also acts as the indicator of the malnutrition. Iliterates are unable to gauge the Skill, Knowledge, Information and awareness about the malnutrition and government schemes and programmes based on that. It is like the saying Eventhough they have eyes, they are blind. The Present study shows that 32.83% of the people are illiterates, 47.76% of the people have studied primary education, 17.91 % of the people have done their high school, only 01.49 % people have completed their degree and none of them have completed the technical education. This shows that people don't have much knowledge. So they are unaware of the schemes and programmes implemented by the government.

Mother's Health : Research scholars analyze that the initial 1,000 days of Children's life span, from the day of conception till he or she turns two, is crucial for

physical and cognitive development. But more than half the women of childbearing age are anaemic and 33 per cent are undernourished, according to NFHS 2006. A malnourished mother is more likely to give birth to malnourished children.

Unemployment : When individuals are unemployed, they are jobless, this is also one of the most serious causes, when people do not have a source of income, they cannot afford to provide essential nourishment to their families; every individual needs money to buy food. The study revealed that 82% of these farmers are seasonal Employees in the Agricultural field. They get work only for 3 months. The Seasonal Employees are the indicators of Unemployment . Hence, the farmers get insufficient income for their livelihood. Therefore, this leads to Malnutrition. If we examine the role of Government schemes like MGNREGA in the employment opportunities in the research area, study reveals that for 100 mandays for each household in financial year, scheme provides only 10% i.e., 10 mandays. This is mainly because of the improper implementation by the rural local self governancy.

Failure of Government Approaches : India already has two robust national programmes addressing malnutrition the Integrated Child Development Service (ICDS) and the National Health Mission but these do not yet reach enough people. The delivery system is also inadequate and plagued by inefficiency and corruption. Some analysts estimate that 40 per cent of the subsidized food never reaches the intended recipients

Poor sanitation – This aspect of poor sanitation plays a major role in causing disease and thereby lead to malnutrition. It is linked to transmission of water- borne and fecal – borne diseases and as well as the communicable diseases caused due to mosquitoes such as diarrhea, cholera, dysentery, hepatitis A, typhoid and polio and exacerbate stunting. Construction and usage of toilets is also main factor for poor sanitation. Poor sanitation and environmental conditions lead to spread of many diseases that sap children's energy and stunts their growth. The study analyzes that in Devadurga Taluk, even though there is 77% of toilets are constructed, only 28% of it is used by people. In the research area, usage of toilets are not upto the mark to SBM . Though the household toilets have been constructed, usage of that toilets is less

The research area have not improved as per target due to lack of awareness of people on sanitation and hygiene through the information, education and communication(IEC). IEC activities includes wall writing, wall painting, interpersonal communication including electronic

medias. These IEC activities are not conducted properly by both the gram panchayats.

Buying of Medicines :- Majority of the respondents were not able to buy medicines during due to the unemployment. The respondents became unhealthy due to lack of medicines which ultimately led to poverty. 27 % of the respondents were capable of buying the medicines and 73% of the respondents were not capable of buying the medicines .

| Particulars | Percentage(%) |
|---------------------|----------------|
| Capable of Buying | 27 |
| Incapable of buying | 73 |
| Total | 100 |

CONCLUSION

As per the saying, Today's children are tomorrow's Citizens of the country. So, it is our responsibility to keep our children healthy. The present scenario of Malnutrition in the area of economic growth, health and nutrition indicates that the country is undergoing swift socioeconomic, demographic, nutritional and health transitions. Overall self-sufficiency in food production ensures food availability. For transition from a staple grain sufficient country to a one with diversified agricultural production systems, the procurement-stocking-distribution nexus needs an overhaul. Unfortunately undernutrition continues to be gradually high in India.. A number of investigators have analyzed the NFHS data on child malnutrition to understand the determinants of malnutrition. Thus the Targeted interventions should be designed to reduce prevalence of LBW in addition to improving mother's education on intake of Nutrient and feeding practices and improve other socio-demographic conditions. Although in the tenth five year Plan [14] suggested multipronged strategies for the control of anaemia in pregnancy but there are more attention have required specially in the most affected regions. Using NFHS-2 data, a multivariate analysis of the effects of selected demographic and socio-economic factors on child malnutrition indicates that the strongest predictors of child malnutrition are a child's age, the child's birth order, the mother's education and the household's standard of living. The professional social worker plays primary role in the screening, sensitizing, counseling, networking and brings changes for the healthy nation.

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