



EMPERICAL STUDY ON CHILD MALNUTRITION – WITH SPECIAL REFERANCE TO LINGASAGUR BLOCK

ABSTRACT

India has a higher prevalence of child malnutrition, as manifested in stunting and underweight, than any other large country and was home to about one-third of all malnourished children in the world in the early 2000. However, substantial inter-state differences in child malnutrition and also in the (generally small) progress made since the early 1990. The resolution of widespread malnutrition may seem surprising considering the recent overall shining performance of the Indian economy. The paper examined the nature causes and effects of malnutrition in India. It has also highlighted some of its effects on the individual, the family, the society and the nation. Among such consequences is poor health, brain damage, poor marital relationships, and so on. A paper discusses about status and consequences of malnutrition an expected knowledge of social worker to mitigate the problem. The paper also discussed some social work interventions that can help in managing or preventing malnutrition and reducing its effects on our societies. Such useful interventions include, counseling, Psychotherapy, psycho-education and provision of adequate security for the victims and role of NGO's. It is highly advocated in this paper that care-givers should be more committed to solving the problems of victims of family violence and reducing the child death rate. It is also suggested that the government and non-governmental organizations should help in preventing or reducing the malnutrition in India.



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SUMMARY

Problem of Child Malnutrition in India is home to 40 percent of the world's malnourished children and 35 percent of the developing world's low-birth-weight infants; every year 2.5 million children die in India, accounting for one in five deaths in the world. More than half of these deaths could be prevented if children were well nourished. India's progress in reducing child malnutrition has been slow. The prevalence of child malnutrition in India deviates further from the expected

level at the country's per capita income than in any other large developing country.

As A.K Shiva Kumar writes, "The denial of as little as 200-300 calories in a young child's daily diet is what makes the difference between the normal growth and the faltering that starts the descent towards illness and death. Strategic choices for improved child nutrition India lack a comprehensive nutrition strategy. Various choices for nutrition strategies can be considered.



METHODOLOGY

The researcher proposes to take on Descriptive research design for the study, the descriptive research design will be more supportive, explanation is the fact finding investigation with the adequate interpretation.

UNIVERSE OF THE STUDY

The study covered town Lingasgur it is a block or Tahasila of Raichur Zilla of Karnataka state. The selection of universe by purposefully because it is well known of child malnutrition in Karnataka and also this town have very poor in education condition and as well as poor economic condition.

SAMPLING METHOD UNIVERSE

Selection of respondent made by stratified sampling method for insuring that the unit selected for study of the town. Samplings taken from the 05 Anganavadi's from various villages in this town were interviewed.

TOOLS OF DATA COLLECTION

The questionnaire was administrated to them during November December 2012 for this purpose. Face to face interviews were carried out with Anganavadi teachers, ASHA worker and ANM's regarding child malnutrition in various villages in Lingasgur town. They were asked about social and economic condition of family and family food practices. The interviews were held in the Anganavadi centers for providing the opportunity to gather additional information by observation.

OBJECTIVES

- * To find out social and economic condition and food practices of malnourished family.
- * To explore applicability of social work methods in order to mitigate and resolve the issues of child malnutrition.

MEANING OF MALNUTRITION

1. **Malnutrition**, defined as underweight, is a serious public-health problem that has been linked to a substantial increase in the risk of mortality and morbidity. Women and young children bear the brunt of the disease burden associated with malnutrition.
2. **Malnutrition**, defined as underweight, is a serious public-health problem that has been linked to a substantial increase in the risk of mortality and morbidity.
3. The term **malnutrition** generally refers both to under nutrition and over nutrition, but in this guide we use the term to refer solely to a deficiency of nutrition. Many factors can cause malnutrition, most of which relate to poor diet

or severe and repeated infections, particularly in underprivileged populations. Inadequate diet and disease, in turn, are closely linked to the general standard of living, the environmental conditions, and whether a population is able to meet its basic needs such as food, housing and health care.

OVERVIEW

Malnutrition causes about 5.6 million of 10 million child deaths per year, with severe malnutrition contributing to about 1.5 million of these deaths. The nutritional status of children is the best indicator of the well being of children. Issues that cause a decline in the nutritional status of children are multidimensional and difficult to understand.

CHILD MALNUTRITION IN INDIAN CONTEXT

India is home to 40 percent of the world's malnourished children and 35 percent of the developing world's low-birth weight infants; every year, 2.5 million children die in India, accounting for one in five deaths in the world. More than half of these deaths could be prevented if children were well nourished. In spite of its remarkable economic growth in the past decade, India's progress in reducing child malnutrition has been excessively slow. The prevalence of child malnutrition in India deviates further from the expected level at the country's per capital income than in any other large developing country. With close to half of its preschoolers suffering from malnutrition, India is one of the countries with the highest proportion of malnourished children in the world, along with Bangladesh, Ethiopia, and Nepal. India's rates are almost double those of Sub-Saharan Africa and five times higher than those of China. India has made huge steps in the past decades in warding off the specter of famine. The Green Revolution should have gone a long way to tackling child malnutrition, Norman Borlaug's creation of dwarf spring wheat strains in the 1960s meant that India could feed itself at last.

OVERVIEW OF KARNATAKA

Karnataka is a seventh biggest state in India. Karnataka have thirty districts in their administrative and developmental purpose. Karnataka have several problems like poverty, unemployment, child marriage and child malnutrition etc. in these problems child malnutrition is the big problem for some of districts in Karnataka such as Raichur, koppal, Bijapur, Bagalakot and Gulbarga districts

Karnataka is the first State in the country to have announced a Comprehensive Nutrition Mission. Realizing the gravity of situation, Hon'ble Chief Minister of Karnataka

in his Budget speech on March 5, 2010 has announced, "The number of children suffering from malnutrition is very significant in our State. Special efforts are required to be made for overcoming this problem. The Government proposes to start a Comprehensive Nutrition Mission. A provision of Rs 5 Crore will be made for this for a pilot project."

In his speech at the National Development Council on July 24, 2010, Hon'ble Chief Minister has stated "My Government has launched a Comprehensive Nutrition Mission, which will address the scourge of malnutrition and anemia particularly among children and women in a sustainable manner and also provide nutritional security to all the vulnerable groups."

1.The state of Malnutrition among children in Karnataka:-

- The infant mortality rate in Karnataka is estimated at 43 deaths before the age of one year per 1,000 live births. The under-five mortality rate is 55 deaths per 1,000 live births.
- Infant mortality in rural areas (47) is 28 percent higher than in urban areas (37).
- Little more than half (55%) of children age 12-23 months are fully vaccinated against six major childhood illnesses: tuberculosis, diphtheria, pertussis, tetanus, polio, and measles.
- Although breastfeeding is nearly universal in Karnataka, only 59 percent of children under 6 months are exclusively breastfed, as the World Health Organization (WHO) recommends.
- The Government of India recommends that children under three years receive vitamin A¹ supplements every six months, starting at age 9 months, however, only 23 percent of last-born children age 12-35 months were given a vitamin A supplement in the past six months, and only 53 percent of children age 6-35 months ate vitamin A-rich foods during the day or night.
- Children's nutritional status:
 - 44% of children under age five are stunted, or too short for their age, which indicates that they have been undernourished for some time.
 - 18% of children are wasted, or too thin for their height, which may result from inadequate recent food intake or a recent illness.

- 38% are underweight, which takes into account both chronic and acute under nutrition.
- Children in rural areas are more likely to be undernourished; but even in urban areas, more than one-third of children under age five years suffer from chronic under nutrition.
- More than half of women in Karnataka (52%) have anemia, including 34 percent with mild anemia, 15 percent with moderate anemia, and 2 percent with severe anemia.
- Anemia is also particularly high among women with no education, women from the scheduled tribes, and women in the two lowest wealth quintiles.
- Anemia is much more widespread among children age 6-35 months than it was seven years ago at the time of NFHS-2.
- In regard to Integrated Child Development Services (ICDS), the NFHS-3 has found that:
 - Among the 93 percent of children under age six who are in areas covered by an Anganavadi centre, 36% percent received services of some kind from a centre.
 - The most common services children under six years received are supplementary food (28%) and immunization (26%) services.
 - One-third of children age 3-5 years received early childhood care or preschool services.
 - Only 17-18 percent of children received health check-ups and growth monitoring services at an Anganavadi centre.
 - Children from rural areas, children whose mothers have little or no education, children of mothers in the lower wealth quintiles, and children from the scheduled tribes and scheduled castes are more likely to take advantage of the services offered at Anganavadi centers.
 - Among children under age six years in areas covered by an Anganavadi centre, only 31 percent had mothers who received any service during pregnancy, and even less (20%) had mothers who received any service when breastfeeding.

Table-1, The detail of malnourished children in Karnataka is as follows

Grade	No. of Boys	No. of girls	Total
Mild	10,50,006	10,50,812	21,00,818
Moderate	5,61,224	5,68,723	11,29,947
Severe	33,039	38,566	71,605

Sources: Official Statistical Data

The state of Malnutrition among children in Raichur district (Karnataka state India):

In Raichur district have five Tahasila or talluka’s (Lingasgur, Devadurga, Manvi, Raichur and, Sindhanoor) this district will be faced malnutrition problem.

Findings of Raichur district are,

- As pointed above the Advisor has repeatedly drawn the attention of the authorities and the State Government to the grave situation in Raichur district. Vide letters dated 12th November 2010 and 29th July 2011 the issue of malnutrition in Raichur district was brought to the attention of the Chief Secretary.
- Between 8th and 9th October 2011, the Advisor visited few villages in Raichur district and one slum in Raichur city in regard to the malnutrition prevailing in the district.
- Alarmingly since April 2009 to August 2011, 2689 malnourished children have died in the district of Raichur alone, and 4531 children are suffering from severe malnutrition. It is pertinent to note that all officials including the Hon’ble Chief Minister Shri Sadananda Gowda have admitted the same.
- **As per the official statistics:**

Table-2, Details of deaths of malnourished children

Period	Deaths	Births
April – December 2009	811	20554
January – December 2010	1233	30014
January – August 2011	645	13049
Total for a period of 28 months	2689	63617

- Data on children at risk from severe malnutrition was collected from anganawadi centers in the following villages/wards in Lingasgur are:

Table-3, Children at risk from severe malnutrition

No.	Name	Taluka
1	Bhupur village1	Lingasgur Taluka
2	Bhupur village2	Lingasgur Taluka
3	Bhupur tanda village	Lingasgur Taluka
4	Rampur village 1	Lingasgur Taluka
5	Rampur village 2	Lingasgur Taluka

MAJOR FINDINGS OF THE STUDY

1. More than 33 percentage children’s they are malnourished.
2. Food and water is the main causes for child malnourished.
3. Poverty also one of the reason for malnourish of the children.
4. Lack of awareness, (19 percentage) and lack of effectiveness of Anganawadi (10 percentage) is also reason for malnourish of the children.
5. Lack of government resource (51 percentages) also affected on malnourish of the child.

Recommendations and suggestions with the social work perspective:-

To speed up progress in reducing child malnutrition in India, the most urgent policy changes include expanding the scale, improving the targeting, and strengthening the implementation of existing programs and policies; building analytical and monitoring capacity; and ensuring that programs and policies are effectively pro-poor and pro-nutrition and that they focus on improving women’s status. Special attention is needed in the states that carry the highest burden of child malnutrition.

India has many nutrition and social safety net programs, some of which have had success in several states in addressing the needs of poor households. These programs include

- a. Integrated Child Development Services (ICDS);
- b. The Mid-Day Meals Program;
- c. The Public Distribution System (PDS);
- d. Community Public Works Programs; and
- e. The National Old-Age Pension Program.

All of these programs have potential, but they do not form a comprehensive nutrition strategy, and they have not addressed the nutrition problem effectively so far. For example,

- ✧ Several evaluations of ICDS have shown it to have low coverage, poor targeting, and little impact on reducing child malnutrition. In 1975, the Integrated Child Development Services (ICDS) was first implemented. It is a major programme to tackle malnutrition and the ill health of mothers and children which followed the adoption of a National Policy for Children. This programme is now the single largest programme for the country's children. Yet more than thirty years later, its performance remains unsatisfactory. Examining its failings is the best approach to finding new strategies for dealing with the problem.
- ✧ It examined India's successes and failings through the prism of the Millennium Development Goals (MDGs) - halving the prevalence of underweight children by 2015 as a key indicator of eradicating extreme poverty and hunger.
- ✧ The World Bank reviewed the ICDS, finding that although it had been successful in many ways, it was yet to make a significant dent in child malnutrition. It advocated the development of the skills of grass-roots workers an efficient management system, and recommended public investment in ICDS be directed towards the younger children (0-3) and the most vulnerable populations in states with the highest malnutrition.
- ✧ ICDS to increasing coverage than to improving the quality of service delivery, and to delivering food rather than changing family based feeding and caring behavior. To quote the report: "This has resulted in limited impact". There is, crucially, a mismatch between the intentions of the program, and its actual implementation. Yet not everyone agrees on the effectiveness of ICDS. The Nutrition Foundation of India is more equivocal - and even positive:
- ✧ "The ICDS programme aimed at providing food supplementation for vulnerable groups such as pre-school children, pregnant and lactating women, covers nearly all blocks in the country. The Midday meal programme aimed at improving the dietary intake of primary school children and reduction in the school dropout rates has been operationalised throughout the country. Over decades, health infrastructure and manpower has been built up and there is universal access to essential primary health care. National programmes for tackling anemia, iodine deficiency disorders and Vitamin-A deficiency are being implemented."

The World Bank's findings include:

- ✧ The focus on food supplementation has been to the detriment of other important tasks such as improving child-care behaviour and education on family food budgeting;
- ✧ Insufficient focus has been given to the youngest children (0-3) who could benefit the most;
- ✧ Children from wealthier households have participated much more than poorer ones;
- ✧ The ICDS has only partially succeeded in preferentially targeting girls and lower castes (who are at higher risk of under-nutrition);
- ✧ Although program growth was greater in under-served than well-served areas during the 1990s, the poorest states and those with the highest levels of malnutrition still have the lowest levels of program funding and coverage
- ✧ The fight against malnutrition final declaration of four key actions to address disease-related malnutrition: screening, awareness, reimbursement & education.

CONCLUSION

Child malnutrition is the huge problem in Karnataka. Lack of nutrition food is the Main cause of Child malnutrition. Underweight, poor health growth these are the main symptoms of child malnutrition Child malnutrition is directly effects on brain parts. The most urgent policy changes include expanding the scale, improving the targeting, and strengthening the implementation of existing programs and policies; building analytical and monitoring capacity; and ensuring that programs and policies are effectively pro-poor and pro-nutrition and that they focus on improving women's status. Special attention is needed in the states that carry the highest burden of child malnutrition. In that case ICDS playing is very important role for reducing malnutrition in India. The fight against malnutrition final declaration is that to address disease-related malnutrition: screening, awareness, compensation & education. These all are the key things for controlled malnutrition problem in India and also abroad.

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