

A PROBLEM OF MALNUTRITION AMONG CHILDREN'S IN INDIA

Dr. Rana Viddhotma Singh,

Subject Expert,

Department of Social Work,

University of Lucknow

ABSTRACT

Malnutrition is self-perpetuating a child nutrition status at any point in time depends on his or her past nutritional history, which may particularly account for the present status. To some extent his nutritional history is linked to the mother's health and nutritional status. Malnutrition is alarmingly decreasing the two-decade, but still a major public health problem in the world, especially in developing countries. Nearly half of all deaths in children under 5 are attributable to under nutrition. Under nutrition puts children at greater risk of dying from common infections, 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. A lack of essential nutrients and minerals trigger the condition of malnutrition in children. Congenital anomalies, injuries, and non-communicable diseases are the emerging priorities in the goal child agenda sustainable development goal 3 adopted by the United Nations in 2015 aim to ensure healthy lives and promote well-being for children. Malnutrition in India status where malnutrition is prominent program to converge the growing rate of under nutrition children. The National Health Mission of India goal is to improve the availability of and access to quality health care by people, especially for the poor women and children. Therefore the strategies suggested for overcoming malnutrition.

INTRODUCTION

Malnutrition is alarmingly decreasing the two-decade, but still a major public health problem in the world, especially in developing countries. Malnutrition prevents children from reaching their full physical and mental potential. Health and physical consequences of prolonged states of malnourishment among children are: delay in their physical growth and motor development; lower intellectual quotient (IQ), greater behavioural problems and deficient social skills; susceptibility to contracting diseases. Economic growth and human development require well-nourished populations who can learn new skills, think critically and

contribute to their communities. Nearly half of all deaths in children under 5 are attributable to under nutrition. This translates into the unnecessary loss of about 3 million young lives a year. Under nutrition puts children at greater risk of dying from common infections, increases the frequency and severity of such infections, and contributes to delayed recovery. In addition, the interaction between under nutrition and infection can create a potentially lethal cycle of worsening illness and deteriorating nutritional status. 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.

TYPES OF MALNUTRITION

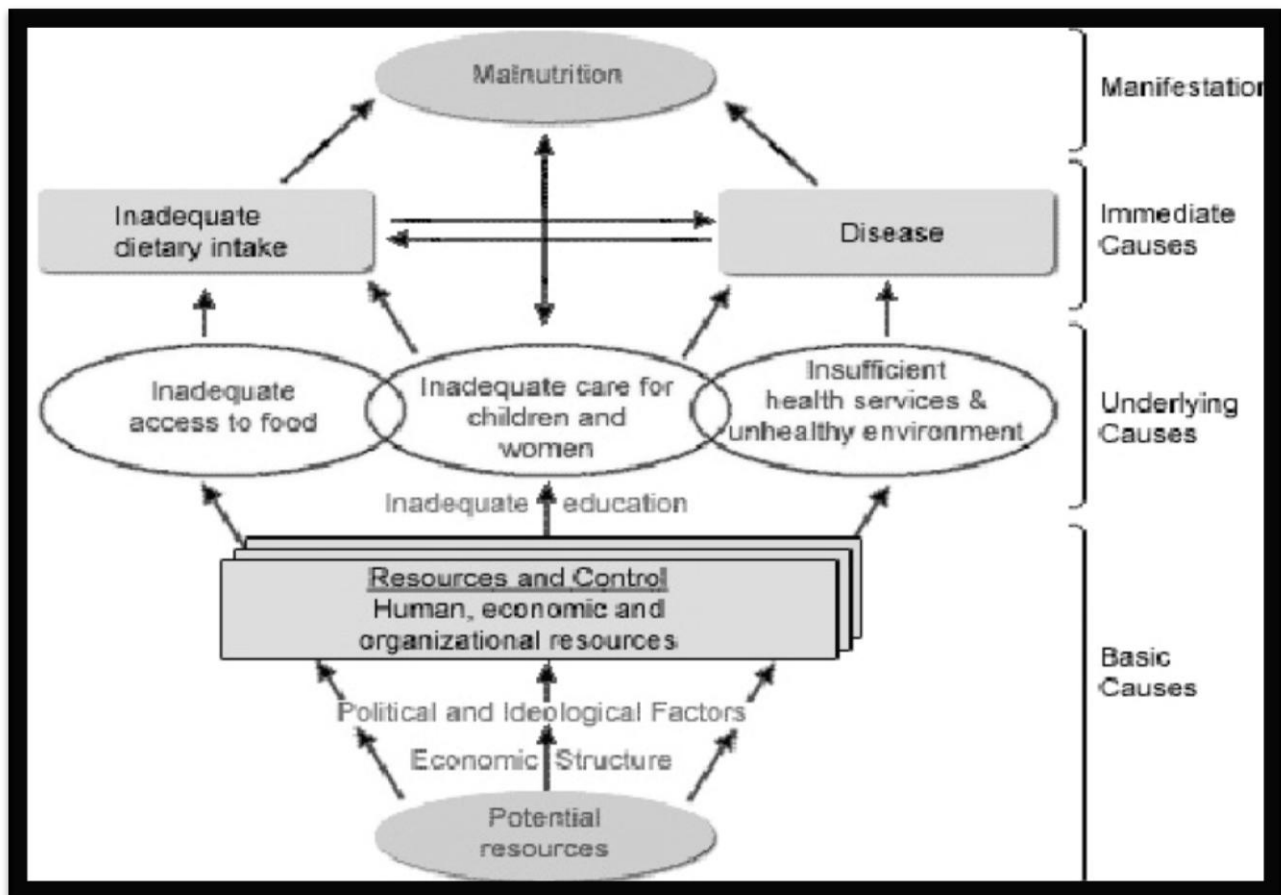
1. Protein Energy Malnutrition (PEM): Due to the deficiency of in any or all nutrients. There are three subtypes of PEM: Acute malnutrition, Chronic malnutrition, and the third comprises both of them. Acute malnutrition causes your child to become thin, and she loses her body weight rapidly. In Chronic malnutrition, child suffers from stunted growth.

2. Micronutrient (Vitamin And Mineral) Deficiency: The shortage of certain micronutrients can lead to micronutrient deficiencies in your child.

CAUSES OF MALNUTRITION IN CHILDREN

Typically, a lack of essential nutrients and minerals triggers the condition of malnutrition in child. It harshly affects the living conditions of a growing kid, and child may encounter numerous health disorders.

Conceptual framework for causes of malnutrition in society are



<https://www.slideshare.net/mphbharti/malnutrition-among-indian-children>

OTHER CAUSES OF MALNUTRITION

- ✚ Drug or alcohol abuse
- ✚ Digestive illnesses such as ulcerative colitis or Crohn's disease
- ✚ Diarrhea, nausea or vomiting.
- ✚ Some medications
- ✚ Serious injury, burns or major surgical procedures.
- ✚ Pregnant women with deficits in the normal diet.
- ✚ Lack of knowledge
- ✚ Premature babies
- ✚ Heart defects from birth, cystic fibrosis, cancers, and other long-term diseases
- ✚ Malnutrition is observed in neglected children or orphans.

EMERGING PRIORITIES FOR CHILDREN'S HEALTH

Congenital anomalies, injuries, and non-communicable diseases (chronic respiratory diseases, acquired heart diseases, childhood cancers, diabetes, and obesity) are the emerging priorities in the global child health agenda. Congenital anomalies affect an estimated 1 in 33 infants, resulting in 3.2 million children with disabilities related to birth defects every year. The global disease burden due to non-communicable diseases affecting children in childhood and later in life is rapidly increasing, even though many of the risk factors can be prevented.

Injuries (road traffic injuries, drowning, burns, and falls) rank among the top 3 causes of death and lifelong disability among children aged 5-15 years. In 2012 violence and unintentional injuries killed an estimated 740 000 children under the age of 15, with the latter accounting for 90% of these deaths.

Similarly, the worldwide number of overweight children increased from an estimated 31 million in 2000 to 42 million in 2015, including in countries with a high prevalence of childhood undernutrition.

GLOBAL RESPONSE: SUSTAINABLE DEVELOPMENT GOAL 3

The Sustainable Development Goals (SDGs) adopted by the United Nations in 2015 aim to ensure healthy lives and promote well-being for all children. The SDG goal 3 target 3.2 is to end preventable deaths of newborns and under-5 children by 2030.

Target 3.2 is closely linked with target 3.1, to reduce the global maternal mortality ratio to less than 70 deaths per 100 000 live births, and target 2.2 on ending all forms of malnutrition, as malnutrition is a frequent cause of death for under-5 children. These have been translated into the new "Global Strategy for Women's, Children's and Adolescent's Health" (Global Strategy), which calls for ending preventable child deaths while addressing emerging child health priorities.

To achieve the SDG targets, the global community has set goals and targets for tackling the unfinished child survival agenda to achieve under-5 mortality of 25 or fewer deaths per 1000 live births by 2030. This has been translated into several global initiatives:

- ✚ "ending preventable maternal mortality" and "every newborn action plan" to promote universal coverage of high quality maternal and newborn care;
- ✚ the "global action plan for the prevention and treatment of pneumonia and diarrhoea";
- ✚ a "comprehensive implementation plan on maternal, and infant and young child nutrition" to reduce under nutrition and obesity;
- ✚ the "Global Technical Strategy for Malaria" to reduce global malaria case incidence and mortality by 2030;
- ✚ the "Global Vaccine Action Plan" to prevent childhood diseases through vaccination; and

- the United Nations Decade of Action on Nutrition 2016–2025 to eradicate hunger and prevent all forms of malnutrition worldwide.

Member States need to set targets and develop specific strategies to reduce child mortality and monitor progress.

SOME FACTS AND FIGURES OF MALNUTRITION IN INDIA

Malnutrition refers to the situation where there is an unbalanced diet in which some nutrients are in excess, lacking or wrong proportion. Simply put, we can categorise it to be under-nutrition and over-nutrition. Despite India's 50% increase in GDP since 1991, more than one third of the world's malnourished children live in India. Among these, half of them under 3 are underweight and a third of wealthiest children are over-nutriented.

The **World Bank** estimates that India is one of the highest ranking countries in the world for the number of children suffering from malnutrition. The prevalence of underweight children in India is among the highest in the world, and is nearly double that of Sub Saharan Africa with dire consequences for

mobility, mortality, productivity and economic growth.

The 2017 **Global Hunger Index (GHI) Report** ranked India 97th out of 118 countries with a serious hunger situation. Amongst South Asian nations, it ranks third behind only Afghanistan and Pakistan with a GHI score of 29.0 ("serious situation").

India is one of the fastest growing countries in terms of population and economics, sitting at a population of 1.342 billion and growing at 1.5%–1.7% annually (from 2001–2007). India's Gross Domestic Product growth was 9.0% from 2007 to 2008; since Independence in 1947, its economic status has been classified as a low-income country with majority of the population at or below the poverty line.

On the **Global Hunger Index** India is on place 67 among the 80 nations having the worst hunger situation which is worse than nations such as North Korea or Sudan. 25% of all hungry people worldwide live in India. Since 1990 there has been some improvements for children but the proportion of hungry in the population has increased. In India 44% of children under the age of 5 are underweight. 72% of infants and 52% of married women have anaemia.

India Child Malnutrition estimates

Survey Yr.	WHO Global Database	Survey sample size (N)	Severe wasting	Wasting	Overweight	Stunting	Underweight	Source
1989	405	13548		20.3		62.7	55.5	National Institute of Nutrition.
1992	387	2948		20		61.9	52.8	National Institute of Nutrition.
1993	1549	38418	7	19.9	2.9	57.7	51.2	International Institute for Population Sciences.
1997	1923	22959		18.4	5.9	45.9	38.4	Vijayaraghavan K, Hanumantha Rao D.
1999	2180	26403	5.7	17.1	2.9	54.2	46.3	International Institute for Population Sciences (IIPS) and ORC Macro.
2006	2799	49233	6.8	20	1.9	47.9	43.5	International Institute for Population Sciences (IIPS) and Macro International.

DEFINITIONS

Severe Wasting: Percentage of children aged 0–59 months who are below minus three standard deviations from median weight-for-height of the WHO Child Growth Standards.

Wasting – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median weight-for-height of the WHO Child Growth Standards.

Overweight – Moderate and severe: Percentage of children aged 0–59 months who are above two standard deviations from median weight-for-height of the WHO Child Growth Standards.

Stunting – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median height-for-age of the WHO Child Growth Standards.

Underweight – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median weight-for-age of the World Health Organization (WHO) Child Growth Standards.

Therapeutic malnutrition program should be Strengthen and expanded by ministry of Health.

MALNUTRITION IN INDIA: STATES WHERE MALNUTRITION IS PROMINENT

- i. Uttar Pradesh : Most children here, in India's densest state by population, under the age of 5 are stunted due to malnutrition.
- ii. Tamil Nadu: The state, despite high education, has a prominent child malnutrition problem. A National Family

Health Survey reveals that 23% of children here are underweight, while 25% of Chennai children show moderately stunted growth.

- iii. Madhya Pradesh: 2015 data reveals that Madhya Pradesh has India's highest number of malnourished children - 74.1% of them under 6 suffer from anaemia, and 60% have to deal with malnutrition.
- iv. Jharkhand and Bihar: At 56.5%, Jharkhand has India's second highest number of malnourished children. This is followed by Bihar, at 55.9%.

PROGRAMS TO CONVERGE THE GROWING RATE OF UNDER NUTRITION CHILDREN.

Midday meal scheme

It serves millions of children with fresh cooked meals in almost all the government run schools or schools aided by the government fund.

Integrated child development scheme

ICDS has been instrumental in improving the health of mothers and children under age 6 by providing health and nutrition education, health services, supplementary food, and pre-school education. The ICDS program is one of the largest in the world. It reaches more than 34 million children ages 0–6 years and 7 million pregnant and lactating mothers.[citation needed]

Other programs impacting under-nutrition include the National Midday Meal Scheme, the National Rural Health Mission, and the Public Distribution System (PDS). The challenge for these programs and schemes is how to increase efficiency, impact, and coverage.

National Children's Fund

This Fund provides support to the voluntary organisations that help the welfare of kids.

National Plan of Action for Children

Department of Women & Child Development has formulated a National Plan of Action on Children. Each concerned Central Ministries/Departments, State Governments/U.Ts. and Voluntary Organisations dealing with women and children have been asked to take up appropriate measures to implement the Action Plan. These goals have been integrated into National Development Plans. A Monitoring Committee under the Chairpersonship of Secretary (Women & Child Development) reviews the achievement of goals set in the National Plan of Action. All concerned Central Ministries/Departments are represented on the Committee.

United Nations Children's Fund

Department of Women and Child Development is the nodal department for UNICEF. India is associated with UNICEF since 1949 and is now in the fifth decade of cooperation for assisting most disadvantaged children and their mothers. Traditionally, UNICEF has been supporting India in a number of sectors like child development, women's development, urban basic services, support for community based convergent services, health, education, nutrition, water & sanitation, childhood disability, children in especially difficult circumstances, information and communication, planning and programme support.

NATIONAL HEALTH MISSION

The National Health Mission of India goal is to "improve the availability of and access to quality health care by people, especially for the poor, women, and children."

The subset of goals under this mission are:

- ✚ Reduce infant mortality rate (IMR) and maternal mortality ratio (MMR)
- ✚ Provide universal access to public health services

- ✚ Prevent and control both communicable and non-communicable diseases, including locally endemic diseases
- ✚ Provide access to integrated comprehensive primary healthcare
- ✚ Create population stabilisation, as well as gender and demographic balance
- ✚ Revitalize local health traditions and mainstream AYUSH
- ✚ Finally, to promote healthy life styles
- ✚ The mission has set up strategies and action plan to meet all of its goals.

STRATEGIES SUGGESTED TO OVERCOME MALNUTRITION

- ✚ For prevention of malnutrition community based nutrition program should be established and implemented at all community levels and there should well trained man power.
- ✚ Educate an expecting mother about the various methods of enhancing the nutrition of their infants. The most basic way of stopping child malnutrition would be breastfeeding for a basic period of first six months after childbirth. Expecting mothers should be provided with vitamin and mineral supplements to nourish the bones of the unborn child. Children should have regular health check-ups and should be supplied with adequate nutritional supplements.
- ✚ NGOs and other government bodies that are working with diligence to curb and eradicate malnutrition in children of India yet Indian children comprise a large part of the malnourished children present in the world. There has to be a collective effort from the society to eradicate malnutrition.
- ✚ Strengthen routine expanded program of vaccination at community level.

- ✚ Uses of protected water source for drinking and prevent water pollution with inter sect oral collaborations.
- ✚ Care givers need to wash their hand with clean water and soap before preparing food, before feeding baby and after visiting of toilet or disposing of child feces.
- ✚ Since colostrums breastfeeding has many advantages such as; rich in vitamin 'A', help to intestinal mature prevent to infection because it contains antibiotic in nature. Professional in the study should disseminate health information on importance of colostrums milk.

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