



MALNUTRITION IN CHILDHOOD AND REHABILITATION PROGRAMMES IN INDIA: A BRIEF DISCUSSION

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ABSTRACT Good health depends upon good food habits and also nutritious food. The foundation for good physical health is good nutritional status. We get energy for doing our daily activities from the nutritious food. Food contains the different amounts of nutrients needed for our body. One kind of food cannot meet all the require nutrients needed by the body; one food may rich contain of one or two nutrients, but low in other essential nutrients. We have to take different kinds of food that will help us to ensure right amount of the nutrients for good health and nutritional status. The World Health Organisation (WHO) estimates that malnutrition accounts for 54% of child mortality worldwide, about one million children. Another estimate also by WHO states that childhood underweight is the cause for deaths about 35% of all deaths of children under the age of five year worldwide. The objective of the study is to identify the main causes of malnutrition in Indian children and the govt. initiative to prevent this. Secondary data is taken for the study; it includes different types of health report and health magazines published by the govt. of India. After considering these it is found that the main causes of malnutrition are unsafe water, inadequate sanitation or insufficient hygiene, gender issue and overall poverty. Govt. takes different types of programme like Janani Sishu Surakha Karyakram (JSSK), Navajit Shishu Surakha Karyakram (NSSK), Rashtriya Bal Swasthya Karyakram (RBSK) to prevent malnutrition.

KEYWORDS : health, malnutrition, body, poverty.

Introduction:

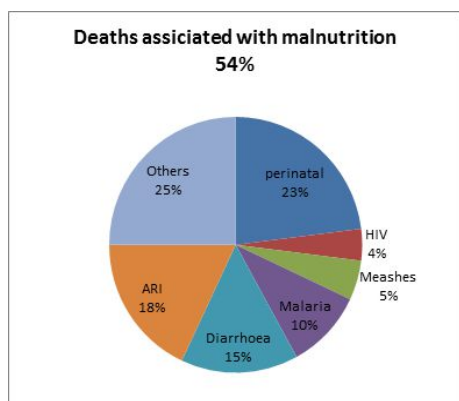
Malnutrition refers to both undernutrition and overnutrition, but in this paper we use the term malnutrition as the shortage of nutrition. If malnutrition occurs during pregnancy, or before two years of age, it may result in permanent problems with physical and mental development. Extreme undernourishment, known as starvation, may have symptoms that include: a short height, thin body, very poor energy levels, and swollen legs and abdomen. People also often get infections and are frequently fall into cuff and cold problem. Undernutrition is used as a synonym of protein-energy malnutrition (PEM). PEM is often associated with micronutrient deficiency. Two forms of PEM are kwashiorkar (a lack of just protein) and marasmus (a lack of protein and calories).

Worldwide near about 793 million people were undernourished in 2015 (13% of the total population). In 2013, it was estimated that protein-energy malnutrition causes deaths of 469,000 people in every year. About 1.5 million women and children died every year estimated in 2010. World Health Organization reported that malnutrition is the highest contributor to child mortality, present in half in all cases. In every year near about six million children died of hunger.

Malnutrition in India:

In developing countries undernutrition is more common. In the World, India is one of the highest ranking countries in number of children suffering from malnutrition. In India, 36% mothers are undernourished from their childhood for that reason the nutrition of children is worse. In India, biggest number of deaths of children happened less than five years of age of which 50% caused due to malnutrition. This translates into an unnecessary loss of about 3 thousand children in every day.

1. Proportional mortality in children younger than five years old in the world.



Perinatal	23%
HIV	4%
Measles	5%
Malaria	10%
Diarrhea	15%
ARI	18%
others	25%

Source: WHO (2014)

2. Nutritional Status of Children Under Five Years by City and Slum/Non-slum Area

City/ area	Percent stunted	Percent wasted	Percent underweight	City/ area	Percent stunted	Percent wasted	Percent underweight
Delhi	41	15	27	Kolkata	28	15	21
Slum	51	15	35	Slum	33	17	27
Non slum	38	16	24	Non slum	23	14	16
Chennai	25	19	23	Mumbai	45	16	33
Slum	28	23	32	Slum	47	16	36
Non slum	25	18	21	Non slum	42	16	26
Hyderabad	32	9	20	Indore	33	29	39
Slum	32	11	26	Slum	40	34	50
Non slum	32	9	18	Non slum	31	28	37

Source: NFHS-3

3. Maternal and Perinatal Health Profile Department of Maternal, Newborn, Child and Adolescent Health (MCA/WHO)

Total population(2013) [1]	12,52,139,596
Annual number of birth (2013) [1]	3,23,710,488
Under five population (2013) [1]	1,21,292,978
Sex ratio at birth (2005-10) [1]	1.11
Birth registration coverage [2]	41.1
Adolescent fertility rate(per 1000)[2005-10][1]	51
Coverage of vital registration deaths [2]	7.8
Maternal mortality ratio (per 1000) (2013)[3]	190
Annual number of maternal deaths (2013)[3]	50000
Perinatal mortality rate (2005-06)[4]	49
Neonatal mortality rate per 1000 live birth (2013)[5]	29
Annual number of neonatal deaths(2013)[5]	747544

Source: [1] Population Division, Department of Economic and Social Affairs, United Nations, World Population Prospects: The 2012 Revision. [2] WHO, World Health Statistics 2014. [3] WHO, UNICEF, UNFPA and The World Bank estimates. Trends in maternal mortality: 1990 to 2013. [4] Demographic Health Survey. [5] UNICEF/ WHO/ The World Bank/UN Pop Div. Levels and Trends in Child Mortality. Report 2014.

Objective of the study:

1. Is to identify the main causes of malnutrition in Indian children.
2. Govt. initiative to prevent malnutrition.

Main causes of malnutrition:

1. **Poverty and food prices:** In India 26.4% people lives below poverty line and India ranked 67 out of 80 nations in Global Hunger Index. 25% of all hungry people worldwide live in India. In India 44% of children under the age of 5 are underweighted children. 72% of infants and 52% of married women have anemia's (Subodh Varma, The Times of India). The 2015 Global Hunger Index (GHI) report ranked India 20th amongst leading countries with a serious hunger situation.
2. **Region:** It is found that most of the rural children suffering from undernutritional problems. Children belonging in urban areas are suffering from overweight and obesity, three times more than rural areas. Children of the states like Madhya Pradesh, Jharkhand, and Bihar have very high rates of under-nutrition.
3. **Religion:** Different studies show that individuals belonging to Hindu, Jain or Muslim backgrounds in India tend to be more malnourished than those from Sikh or Christian backgrounds. Also, other Indians are strictly vegetarian, which means, they do not take any sort of animal product, including dairy and eggs. This is a serious problem when inadequate protein is consumed because 56% of poor Indian household consume cereal to consume protein. But unfortunately, the type of protein that cereal contains does not parallel to the proteins that animal product contain (Gulati, 2012)
4. **Socio-economic status:** Children belonging from low-income families are malnourished than those of high-income families. Children of families with lower socio-economic standing are faced with sub-optimal growth.
5. **Sanitation:** UNICEF is identified that the poor sanitation as one of the reasons for malnutrition. In 2012, UNICEF published a report that the cause of malnutrition is deficiency of food. But now, UNICEF and many charitable trusts agree that poor sanitation is one of the main causes of malnutrition.

Preventive measures by the Govt.:

Govt. of India has taken many initiatives for preventing malnutrition among children and also the pregnant women. These are as under-

1. **Midday meal scheme in schools:** Govt. of India started this programme on 15th august 1995. It serves millions of children with fresh cooked meals in almost all the Government run schools or schools aided by the government fund. The aim of the project is the reduction of malnutrition among the children.
2. **Integrated child development scheme (ICDS):** This scheme was started in the year 1975. This scheme helps 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 in India is one of the largest in the world. It covers more than 34 million children ages 0–6 years and 7 million pregnant and lactating mothers.
3. **Indian Newborn Action Plan (INAP):** It was launched on 18th sept. 2014 in response to Global Newborn Action Plan. This policy mainly launched for preventing newborn deaths. Main goals of this scheme are to attain "Single Digit Neonatal Mortality Rate by 2030" and "Single Digit Still Birth Rate by 2030".
4. **Janani Shishu Surakha Karyakram (JSSK):** In this scheme govt. bears all the cost transportation, diet, diagnostic and drugs for sick new born and infants. About 12 lakhs sick infant availed service under JSSK till Dec. 2014.
5. **Navajit Shishu Surakha karyakram (NSSK):** Under these 1.3 lakhs health care providers have been trained in essential newborn care and placed at delivery point.
6. **ICDS strengthening and Restructuring:** In this more resource allotted to ICDS, provide additional worker at AWC and a separate dept. for WCD in states; redefine the role and push for better service delivery.
7. **Nutritional Rehabilitation Centers (NRC):** These centers provide medical and nutritional therapy to the children with Severe Acute Malnourished less than 5 years of age with medical complication. A total of 891 NRCs have been established in the country as on February 2015.
8. **Rashtriya Bal Swasthya Karyakram (RBSK):** this initiative was launched in February 2013 for early child health screening. As on December 2014, a total of 5418 RBSK teams have been

worked. About 12.19 crore children have been screened and 60.8 lakhs children have been referred to health facilities for the treatment.

Apart from the above other programs which working 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.

Result & Discussion:

India is one of the highest ranking countries in malnourished children in the world in spite of multitude of efforts of the Government. If we considered the data published from different organization it is seen that there is a regional disparities in malnutrition in India. The states like Bihar, Uttarpradesh, Chhattisgarh, Assam are ranked highest in perinatal mortality rate with about 60 per 1000 children. Maternal mortality rate per 100000 live births was 190 and it was targeted to reduce 150 by the year 2015. Neonatal death i.e. death during the 28 days of life (between 0-27), within 24 hours 33%, 48-72 hours 6% and 24-48 hours 17% children are died. Birth occurs in public hospitals 18.1%, in private hospitals 20.3%, in home 61.3%. The key issue is preventing and reducing maternal and child under nutrition as early as possible. Nutrition is being accorded utmost priority at the highest levels with The Ministries of Women and Child Development (MWC) and Health and Family Welfare (HFW) jointly formulating a strategy note, in consultation with the planning commission and Prime Minister's Office.

Conclusion:

In conclusion it can be said that proper education about nutrition is needed for the household particularly for pregnant women. For improving the health condition of the children and the pregnant women it is necessary to Supply nutritious food. A good start in life will pay off, both in terms of human capital and economic development. Reducing malnutrition not only developed the health status of the children but it also help the countries future socio-economic development. Govt. will not be able to accelerate economic development over the long term until their children are assured of optimal growth and development.

Abbreviations:

ASHA-	Accredit Social Health Activist
ICDS-	Integrated Child Development Scheme
MCA-	Department of Maternal, Newborn, Child and Adolescent Health
MWC-	The Ministries of Women and Child Development
PEM-	Protein-energy Malnutrition

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