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Malnutrition... An Unsolved Social Predicament

with Special reference to Buldana District of India

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Abstract: During the nineties, India became a liberalized economy in the world. Economic Growth picked the momentum in India. It boosted a steady and positive growth in social indices of elimination of poverty, employment and health. Maharashtra being one of the leading states, it has higher percent of maintaining equilibrium of social standards with economical growth. However, the problem of Malnutrition is an unsolved social problem. In this paper, the descriptive method of study has been used. Our results shows the under reporting may be major cause. Despite of efforts the malnutrition is the serious problem observed in women and children underprivileged section. Serious and foresighted efforts are required to finish the malnutrition from society.

Keywords—malnutrition; health; feeding; micronutrient

I. INTRODUCTION

Child Mortality cases in Maharashtra saw a considerable decrease in 2018 in compared to 2003. There were 5415 cases were reported in 2013. But there was a considerable decrease in child mortality as the figure was controlled below 1000 cases. However, the figure is still high, and it is not the matter of to be complacent, as it was stated in a reply to a question in the Legislative Assembly by the State Minister for Women and Child Development in 2018. One of the main causes of Child Mortality is malnutrition, which has not been adequately treated. Specially in tribal pockets of Maharashtra and less developed districts it exists with all its severity.

II. METHOD OF STUDY

This research paper uses the descriptive method of study. The secondary sources are given more importance in this paper. The article of research journals, govt. reports, working of research paper, thesis and books of famous sociologist used as the secondary source of information.

III. RESULTS

Union Government's Ministry of Health and Family Welfare conducts National Family Health Survey (NFHS). In the fourth NFHS taken in year 2015-16, detail light is thrown on population, health, and nutrition of individual states, union territories and the nation as a whole. NFHS-4 has given district-level estimates for many important indicators. It also elaborated the measures taken by the Govt. agencies like Integrated Child Development Services (ICDS) Scheme, which provides nutrition and health services for children under age six years and pregnant or breastfeeding women. *Anganwadi* centres and Primary Health Centres are the main service providers for the delicate constituents of our society.

As per the last two rounds of National Family Health Survey (NFHS-3 2005-06 and NFHS-4 in 2015-16) point out a considerable decrease in the prevalence of malnutrition among women and children. A press release of the Ministry of Women and Child Development dated June 28, 2019 also claimed of decrease in malnutrition.

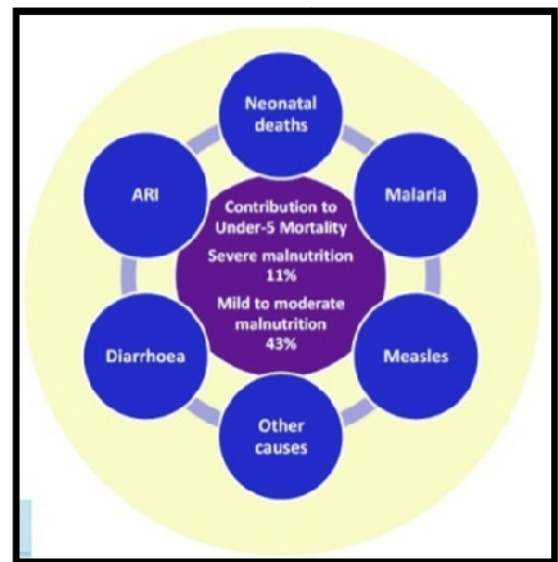


Fig. 1. Showing contributing factors to U-5 Mortality

It records a slight decline in cases of Malnutrition in the country. But still it is high when it is compared to other developing nation. One of the main malnutrition type is stunting, which is found to be prevailed in 15 districts of Maharashtra including Buldana district.

A report by the Ministry of Statistics and Programme Implementation lists Maharashtra as one of the six states with high level of stunting and underweight. The state has also a prevalence of stunting and wasting. Again, and The World Food Programme also raise concern on the malnutrition in tribal and underdeveloped pockets of Maharashtra.

The under-reporting is also a major cause. It shows social apathy. It can deprive a large section of children who fall frequently ill from nutritious diet ensured by the Union Govt. It is aptly pointed out by an NGO Sathi through a survey taken on 1,659 children and found that most of the *anganwadis* had no or incomplete records of 50.9 per cent of the children. An *anganwadi* is a centre of pre-primary education where free, nutritious meals are provided to children under the ICDS scheme.

Table 1. Malnutrition in NFHS-4 to NFHS-3

Sr. No.	Parameter	Total	
		NFHS-3	NFHS-4
1.	Stunting (Children under 5 years)	48	38.4
2.	Underweight (Children under 5 years)	42.5	35.7
3.	Anaemia (Children under 5 years)	69.5	58.5
4.	Chronic Energy Deficiency(BMI <185)	34.2	22.9
5.	Anaemia (Women 15-49 years)	55.3	53.1

A. Infant Feeding

Although breastfeeding is main source of nourishment, only 57 percent of children under 6 months in Maharashtra are exclusively breastfed. The World Health Organization (WHO) has recommended exclusive breastfeeding for the infants. Eighty-seven percent infants are put to the breast within the first day of life, but only 57 percent started breastfeeding in the first hour of life (as recommended by WHO). Though the initiation of breastfeeding indicators shows an improvement since NFHS-3, many infants are still deprived of the first milk which is very much nutritious and it contains antibodies to protect the infant from different diseases.

After the first 6 months, breast milk is no longer enough to meet the nutritional needs of infants. Therefore, complementary foods should be added to the diet of the child. However, at age 6-8 months, only 43 percent of children in Maharashtra receive breast milk and complementary foods.

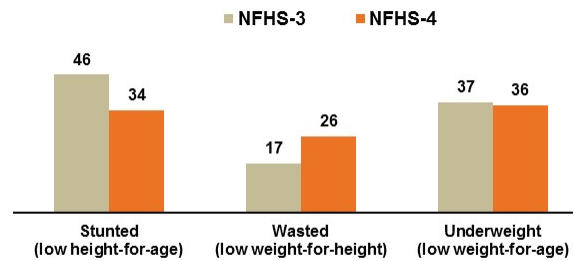
Micronutrient deficiency is a main cause of childhood morbidity and mortality. Vitamin A is an essential nutrient for boosting immune system. Severe vitamin A deficiency can cause eye damage and a higher risk of dying from measles and diarrhoeal disease. The Government of India recommends that children under 5 years of age to receive vitamin A supplements every six months, starting at age 9 months.

In Maharashtra, 71 percent of children were given a vitamin A supplement in the past six months, but only 45 percent of children age 9-23 months ate vitamin A-rich foods. Iron deficiency is a primary cause of anaemia. To prevent anemia, child should be administered iron rich food and iron supplements. Seventeen percent of children age 9-23 months ate iron-rich foods during the day or night before the survey; however, 41 percent of children age 6-59 months were given iron supplements.

B. Children's nutritional status

Thirty-four percent of children under age five years were stunted, or too short for their age. It indicated that they had been undernourished for some time. Twenty-six percent were wasted, or too thin for their height. It was resulted due to inadequate food intake or a illness causing weight loss, and 9 percent were severely wasted. Thirty-six percent are underweight, which takes into account both chronic and acute undernutrition. Even during the first six months of life when

almost all babies are breastfed, 19 percent of children are stunted, 40 percent are wasted, and 23 percent are underweight.



Note: Nutritional status estimates are based on the 2006 WHO International Reference Population

Fig. 2. Trends in nutritional status among childrens under age 5

Children's nutritional status in Maharashtra has improved since NFHS-3 by some measures, but not by all measures. Stunting decreased from 46 percent to 34 percent in the 10 years between NFHS-3 and NFHS-4, and the percentage of children who are underweight decreased marginally from 37 percent to 36 percent. However, in the same period, wasting increased from 17 percent to 26 percent.

Despite the gains in stunting and underweight, child malnutrition is still a major problem in Maharashtra. There are only small differences in the level of undernutrition by the sex of the child. However, differences are more pronounced for urban-rural residence and other background characteristics. Undernutrition generally decreases with increasing mother's schooling, better nutritional status of the mother, and larger child's size at birth. The level of undernutrition is relatively high for rural children and children of higher birth orders. It is generally lower among Muslim children than among children of other religions.

C. Anaemia

Anaemia is a condition that is marked by low levels of haemoglobin in the blood. Iron deficiency is estimated to be responsible for about half of all anaemia globally, but anaemia can also be caused by malaria, hookworm and other helminths, other nutritional deficiencies, chronic infections, and genetic conditions. Anaemia can result in maternal mortality, weakness, diminished physical and mental capacity, increased morbidity from infectious diseases, perinatal mortality, premature delivery, low birth weight, and (in children) impaired cognitive performance, motor development, and scholastic achievement. Anaemia is a major health problem in Maharashtra, especially among women and children.

Among children between the ages of 6 and 59 months, a majority (54%) are anaemic. This includes 28 percent who are mildly anaemic, 25 percent who are moderately anaemic, and 1 percent who suffer from severe anaemia. There is no difference in the prevalence of anaemia among girls and boys. Children of mothers who have anaemia are much more likely

to be anaemic. Almost half (49%) of children in Maharashtra are anaemic even if their mother has 12 or more years of schooling.

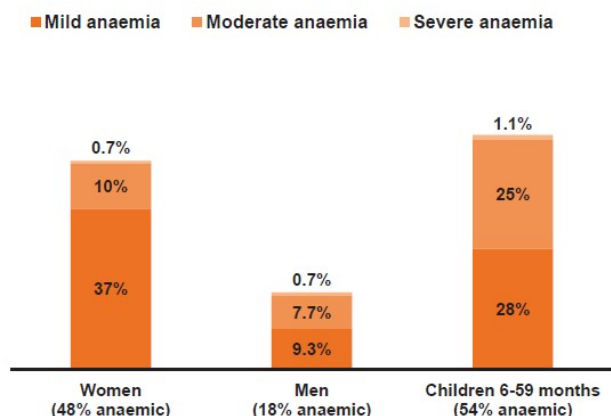


Fig. 3. Anemia among women, men and children

Forty-eight percent of women in Maharashtra found to be suffering from anemia. 37 percent women have mild anaemia, 10 percent have moderate anaemia while 1 percent women have severe anaemia. Anaemia is particularly high for scheduled tribe women, but anaemia exceeds 43 percent for every group of women. It is sorry fact that since NFHS-3, Anaemia among women has increased by 4 percentage.

There are different types of Malnutrition which includes under-nutrition (wasting, stunting, underweight), inadequate vitamins or minerals, overweight, obesity, and resulting diet-related non-communicable diseases. Women, infants, children and adolescents are at particular risk of malnutrition. Around 45% of deaths among children under 5 years of age are linked to under-nutrition. Poverty is the main cause of malnutrition. People who are poor are more likely to be affected by different forms of malnutrition. In socio-economical point of view, malnutrition increases cost of health care. It also reduces productivity and slows economic growth. Thus it perpetuates a vicious cycle of poverty and ill health.

Malnutrition in women and children is a serious issue. Nutrition Report of National Family Health Survey (NFHS-3)

points out the extent of the problem. It affects the growth of the healthy society. Almost half of children under age five years (48 percent) are chronically malnourished. In other words, they are too short for their age or stunted.

Riveting our attention to especially Buldana District, which has lagged behind in economic growth to other districts in Maharashtra, the key indicators in NFHS-4, points out the drastic facts which lead to the problems of Malnutrition. In Buldana district only 13.8 percent rural women had prenatal care. During pregnancy only 21.6 women had consumed iron folic acid for 100 days or more, which is one of the chief sources for proper prenatal growth.

Again, mothers from underprivileged sections who often have malnourished babies, are mostly deprived of the government aid given under Janani Suraksha Yojna (JSY). Only 7.5 percent cases received the aid. Similarly, only 42.9 percent children could receive a health checkup after birth within two days of their birth. Around 38 to 39 percent of children do not receive a Vitamin A dose during 9 to 59 months. Again, 41.9 percent children under 5 year age are underweight.

IV. CONCLUSION

Serious and foresighted efforts are required to be taken urgently to considerably curtail the figures of malnutrition. All relevant agencies of the state and the union government, NGOs and people at large should come forward to end the menace of malnutrition.

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