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Rural Poverty, Malnutrition and Child Health**Dr. D.M. Tangalwar**

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Abstract

Malnutrition is the most widespread condition affecting the health of children. Malnutrition at its fundamental biological level is inadequate supply of nutrients to the cell. On a biological level, nutritional deficiency disorder may be classified as primary or secondary, according to the availability of the nutrient. A primary deficiency disease is a disease that results directly from dietary lack of specific essential nutrients. A secondary deficiency disease is a disease that results from the inability of the body to use a specific nutrient properly.

Introduction

Malnutrition is the most widespread condition affecting the health of children. Scarcity of suitable foods, lack of purchasing power of the family as well as traditional beliefs and taboos about what the baby should eat, often lead to an insufficient balanced diet, resulting in malnutrition. Malnutrition makes the child more susceptible to infections, recovery is slower and mortality is higher. Undernourished children do not grow to their full potential of physical and mental abilities. Malnutrition in infancy and childhood leads to stunted growth. It also manifests by clinical signs of micronutrients and vitamin deficiencies. A child having any one or more of the following signs was classified as suffering from protein-calorie malnutrition; enema, depigmentation of the hair, easy pluck ability of the hair, thin sparse hair, muscle wasting, moon-face, flaky paint dermatosis.

Rural Poverty in India

One-third of the world's poor live in India, Over 70% of the population lives in rural areas. Agriculture and related activities in rural India contribute to 33% of the Gross Domestic Product, and is responsible for the employment of over 60% of the workforce. Hence, when one talks of socio-economic progress in India, what is mostly relevant is how the lives of the rural people have changed. Overall statistics such as the national GDP could mask the reality in the rural life.

The real story of rural India must be told with over 300 million characters who live in poverty with less than a dollar a day in income for a family of four, and whose social status in their communities is relegated to below the holy cow, the potent snake and the spirited monkey. It is a land where the elites of the villages - the upper class and the landlords - prey on the helpless, often in collusion with government officials who are supposed to help and protect them.

Poverty is an extremely complex phenomenon, which manifests itself in a range of overlapping and interwoven economic, political and social deprivations. These include lack of assets, low income levels, hunger, poor health, insecurity, physical and psychological hardship, social exclusion, degradation and discrimination, and political powerlessness and disarticulation. Interviews with the poor have suggested that the aspirations of the poor are in fact for survival, based on stable subsistence; security, based on assets and rights; and self-respect, based on independence and choice.

Malnutrition in India

India ranks first with 39% of global share for underweight children with 47% of prevalence (UNICEF 2006). According to Krishna swami 2000 and Meacham and Chatterjee 1999, half of the world's undernourished population lives in India. According to World Development Indicators 2007,

with 47% of low weight for age; India ranks 3rd amongst the countries with highest level of child malnutrition next to Nepal and Bangladesh.

Studies have shown that the rural children are more likely to be underweight than the urban children. Further, poor children are twice more likely to be underweight than the rich. However, little difference is seen in underweight prevalence of boys and girls (MICS & DHS surveys 2003-2008).

Malnutrition in school going children

School age group (5-18 y) spans the period between preschool years and adult life. The number of school age children continues to rise. The total number of children out of school is decreasing from 106 million in 1990 to 69 million in 2008. The gender gap in the out of school population has also narrowed. The share of girls in this group decreased from 57 % to 53 % globally between 1999 to 2008. In 2008, there were 96 girls for every 100 boys enrolled in primary school. Poverty puts girls at a distinct disadvantage in terms of education. Girls of primary school age from the poorest 60 % of household are 3 times more likely to be out of school as those from the wealthiest household (The MGD report 2010). India's education system is the second largest in the world after China. About 21.8% of the country's population comprises of school going children and there are still about 21 million children who are unable to attend school (IES 2007). According to NFHS-3, 90.1% of the 6-10 & 74.2% of 11-14 y old children attended primary school in 2005-06. Though the number of children of primary age group who were out of school has dropped by 33 million since 1999, still 72 million children worldwide were denied the right to education in 2007 (MDG Report 2009). Since in rural India these attributes are wide spread, the process of recovering from poor nutritional status in later life is more difficult for these children. Child nutrition is positively influenced by urbanization, female literacy, access to health care, safe water and sanitation (Osmani and Bhargava, 1998). Almost any 'summary index' of the child development indicators would place India at the bottom level of this list (NFHS-3, 2005-06, DLHS-RCH survey, 2002-04).

Health status of nation

The health status of the people is the wealth of a nation and nutrition is one of the most important pre-requisites for good health. Child malnutrition is a wide spread public health problem having international consequences because good nutrition is an essential determinant for their well-being. The nutrition of infants and young children are causing great concern among social scientists and planners these days, since child is the chief victim of interplay of nutritional, socio-economic and health factors that cause malnutrition. Health is important because it is better living and not because it is an instrument for better living. Better health can have interpersonal benefits. There are many externalities of morbidity and malnutrition. In the instrumental sense 'good health' has an economic rationale. While good health leads to reduced medical costs of the government and households, ill health leads to loss of income for poor families subsisting on daily income, pushing them to hunger and malnutrition. Improving child health and nutrition is not only a moral imperative but also a rational long term investment.

Importance of Child Health and Nutrition

The children are the most valuable asset of any nation, their welfare and health is the edifice of sound and sustained economic development. The most neglected form of human deprivation is malnutrition, particularly among preschool children. Malnutrition is associated with more than half of all deaths of children world wide (Pelletier et al, 1995). Child development problems refer to problems of ill health, malnutrition, or inadequate psychosocial development, intellectual, social and emotional development. At least three factors are responsible for the rising interest in child

development during the past few decades. Firstly, the increasing success of child survival programmes coupled with progress in economic development. Secondly, its failure results in reduced school performance, less productive labour force, and increased welfare and other social expenditures. Thirdly, International research findings give valuable inputs for giving more primacy to child development. Few countries also made major financial commitments to launch and expand child development programmes in the early 1980's. Taking this footstep, India implemented its Integrated Child Development Services (ICDS) and Effective Early Child Development programmes to combine interventions in health, nutrition and early education. The cross-sectoral approach is advocated in this regard partly because this makes sense to parents and children. A child is born without barriers and to achieve its full potential in life an integrated approach in the field of health, nutrition or education is required.

Nutritional status of Indian Children

While nutrition and health are two sides of the same coin, nutrition is increasingly being recognized as an important indicator of development at national and international levels. India has progressed dramatically in various fields but its malnutrition level hasn't shown any desired reduction. As a result the effect of malnutrition and poor health indicators like infant mortality rate, under-five mortality rate and maternal mortality rate in India are higher than some of the developing countries of the South East Asia. Under-five years children are nutritionally the most vulnerable and among them more than half of these children are unable to grow to their full physical and mental potential.

The survival of Indian child is a matter of concern because they are far behind in availing health care, nutrition and education facilities. Besides endemic diseases and government's limited public health spending, malnutrition also contributes to infant, child and maternal mortality.

Conclusions

Studies have shown that the rural children are more likely to be underweight than the urban children. Further, poor children are twice more likely to be underweight than the rich. However, little difference is seen in underweight prevalence of boys and girls (MICS & DHS surveys 2003-2008). rural India must be told with over 300 million characters who live in poverty with less than a dollar a day in income for a family of four, and whose social status in their communities is relegated to below the holy cow, the potent snake and the spirited monkey. The survival of Indian child is a matter of concern because they are far behind in availing health care, nutrition and education facilities. Besides endemic diseases and government's limited public health spending, malnutrition also contributes to infant, child and maternal mortality.

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