MALNUTRITION AMONG CHILDREN OF MARGINALIZED GROUPS IN KARNATAKA

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I. Introduction

Malnutrition is the condition that results from taking an unbalanced diet in which certain nutrients are lacking, in excess (too high an intake), or in the wrong proportions. A number of different nutrition disorder may arise, depending on which nutrients are under or overabundant in the diet. In most of the world, malnutrition is present in the form of under nutrition, which is caused by a diet lacking adequate calories and protein. While malnutrition is more common in developing countries, it is also present in industrialized countries. In wealthier nations it is more likely to be caused by unhealthy diets with excess energy, fats, and refined carbohydrates. A growing trend of obesity is now a major public health concern in lower socio-economic levels and in developing countries as well.

The World health Organization cites malnutrition as the greatest single threat to the world's public health. Improving nutrition is widely regarded as the most effective form of aid. Nutrition-specific interventions, which address the immediate causes of undernutrition, have been proven to deliver among the best value for money of all development interventions. Emergency measures include providing deficient micronutrients through fortified sachet powders or directly through supplements. WHO, UNECEF, and the UN World Food Programme recommend community management of severe acute malnutrition with ready-to use therapeutic foods which have been shown to cause weight gain in emergency settings. The famine relief model increasingly used by aid groups calls for giving cash or cash vouchers to the hungry to

pay local farmers instead of buying food from donor countries, often required by law, to prevent dumping hurting local farmers.

II. The state of malnutrition among children in India

Nutrition is essential for human development and the focal point of health and wellbeing. It is accepted that the lack of proper nutrition leads to irreversible effects, endangering survival and development. The reasons for malnutrition are myriad and include poverty, lack of nutritious food, inadequate food, improper infant and children feeding, among others. Malnutrition is a complex phenomenon and it is both the cause and effect of poverty and ill-health, and follows a cyclical, inter-generational pattern. This condition of under-nutrition, therefore, reduces work capacity and productivity among adults and enhances mortality and morbidity amongst children.

Pre-school children are one of the most nutritionally vulnerable segments of the population. Nutrition during the first five years has an impact not only on growth and morbidity during childhood, but also acts as a determinant of nutritional status in adolescent and adult life. Moreover, the crucial period is birth to two years when maximum growth takes place and any deprivation at this stage, both nutritional and care related in development would be difficult to remedy later. The Mid-term appraisal of the 10th Five-year Plan highlighted that the lack of food security and nutritional status affects the physical growth, intelligence, behavior and learning abilities of children and adolescents especially during the development of the brain in 0-3 years period. Malnutrition is the underlying cause of at least 50 per cent of deaths of children under five. Even if it does not lead to death, malnutrition, including micronutrient deficiencies, often leads to permanent damage, including impairment of physical growth and mental development. For example, iron, folic acid and iodine deficiencies can lead to brain damage, neural tube defects in the newborn and mental retardation. One of the recurring themes in the Independence Day speeches over the past few years has been that of malnutrition. Earlier this year on 15th August 2011, the Hon'ble Prime Minister stated that: "Malnutrition in our women and children is a matter of concern for all of us. We have taken a number of steps to tackle this problem, including two new schemes. We have also decided that we will start implementing an improved Integrated Child Development Services scheme within the next six months so that the problem of malnutrition in children can be effectively addressed." On 15th August 2009, the Hon'ble Prime

Minister stated that "…It is also our national resolve to root out malnutrition from our country", while on the same date in 2008 he declared the problem of malnutrition to be a "curse that we must remove" from India.

Malnutrition remains a major threat to the survival, growth and development of Indian children. Keeping this in mind the Government of India framed the "National Plan of action for Children – 2005", inter alia, for reducing infant mortality rate and malnutrition. Indeed, malnutrition is a national shame and a curse that needs to be rooted out from our country whose national treasure is its people, and whose future lies in the hands of its children. Ignoring the well-being and health of the future generations due to hunger and malnutrition would be crippling to future generations, which would cost the nation dear. In fact, M.S. Swaminathan goes as far as to say that after more than sixty years as an independent nation, we still have large numbers of women and children who are suffering from malnutrition, and the cost to our nation in terms of health, well-being and economic development is tremendous. Even as India continues to take tremendous leaps in the arenas of information technology, science, among others, which, some argue, has led to the unprecedented economic growth in the country, there are some issues including growing poverty and inequality that are a major concern. On the Human Development Index, for the year 2010, India ranked a lowly 121 among 169 countries.

III. The state of Malnutrition among children in Karnataka

The State in Southern India with the highest growth rate and GDP is apparently also the state where nutrition and development lag far behind. According to latest reports in April 2012 from a Karnataka High-Court appointed State Committee, over 68,000 children in Karnataka are malnourished, most of them in advanced conditions. Malnutrition is a complex phenomenon, being both the cause and effect of poverty and ill-health, and following a cyclical, inter-generational pattern. Malnutrition among children in Karnataka has always been an issue, but so has state apathy towards it. Late last year, a TV9 coverage showed a severely malnourished child, Anjaneya, in Raichur district, with a distended belly, weak legs, struggling to move, and this footage, finally was the tipping point in bringing the attention of policymakers to this problem. A survey in various districts of Raichur revealed that 2,689 children had died in these districts in just 2 years between 2009 and 2011, and from severe malnutrition. The issue forced

many NGOs to raise a stink with policy makers and protest vehemently against the government's apathy. From there, it has only gained momentum and also resulted in a Public Interest Litigation in the Karnataka High Court against the government.

IV. Objectives

1 . To understand the nutritional status of children in Karnataka.

2. To suggest few recommendations.

V. Methodology:

Present paper has made effort to understand the nutritional status of children of marginalized groups of Karnataka, since this paper is general in nature, literature concerned to the topic extracted from various sources like books, magazines, news papers and internet.

VI. 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.

Children's nutritional status in Karnataka has improved slightly since NFHS-2 by some measures but not by all measures. Children under age three years are less likely to be wasted and underweight for their age than they were in NFHS- 2, but they are about equally likely to be too short for their age, or chronically undernourished.

70% of children between the ages of 6 and 59 months are anaemic12. This includes 29 percent who are mildly anemic, 39 percent who are moderately anemic, and 3 percent who suffer from severe anemia. Children of mothers who have anemia are more likely to be anemic.

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 63% of pregnant women are anemic. 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.

VII. 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 anganwadi 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 anganwadi 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 anganwadi centers.

- Among children under age six years in areas covered by an anganwadi centre, only 31 percent had mothers who received any service during pregnancy, and even less (20%) had mothers who received any service when breastfeeding.

VIII. Recommendations

1. community based nutrition centres should be started in villages with severely malnourished children, which could be the anganwadis itself, and in which the children

would be fed a special diet of khicri, eggs, milk, bananas, etc. All severely malnourished children should be medically examined and for children needing medical attention, it is imperative that they be fed in the hospital alongside receiving medical treatment. For this, the government should consider setting up Nutrition Rehabilitation Centres, linked to the Community Health Centres or District Hospitals.

2. State Government shall initiate health camps immediately to provide health support to malnourished children. During the health camp, workers will emphasis those children in any Grade of malnourishment are at risk of death or dangerous health issues and will recommend that children in all grades be targeted for treatment.

3. The State Government shall establish as many Nutrition Rehabilitation Centres (NRC)as required and issue a circular stating that all children who require admission in Nutrition Rehabilitation Centre (NRC) shall be granted admission and no child shall be denied admission.

4. Families of severely malnourished children must immediately be given AAY ration cards. Any complaint or news item on malnutrition deaths should be immediately inquired into by a senior officer and a report sent through the nodal officer to the Food Commissioner. The senior officer should also look into the progress of food based and other safety net schemes in that village/locality for the past six months.

IX. Other Malnutrition related recommendations:

1. It is necessary that there be a comprehensive survey to identify children suffering from malnutrition, conducted by the department of Women and Child development and the health departments with the full participation of the local bodies, activists and NGOs.

2. The Health Department must be directed to ensure that the ASHA activists, nurses and doctors visit the Anganwadis regularly and take all steps necessary to address the needs of children suffering from malnutrition.

3. The State Government must frame a comprehensive Nutrition Policy, after public consultations with nutritionists, medical experts and practitioners, activists, NGOs, etc.

4. Steps must be initiated on a war footing to address the needs of the children suffering from moderate and severe malnutrition. The State Government has initiated a Karnataka Comprehensive Nutrition Mission on a pilot basis in three blocks. It is necessary that the same be implemented in the villages that are most severely affected by malnutrition all over the State.

5. Experience in Tamil Nadu, Maharashtra and other states indicate that individual growth monitoring of children is both feasible and extremely useful. Individual 'child tracking' is particularly important to prevent extreme under-nutrition as well as prolonged illness (often evident in loss of weight).

6. Anganwadi workers could be trained to publicly display a list of children at risk and report the progress of these children to the mothers, committee or panchayat. Supervisors, for their part, could be responsible for verifying the accuracy of these records and helping Anganwadi workers to maintain them.

7. It must be ensured that maternal benefit schemes are implemented in letter and spirit so that the pregnant and lactating mothers can ensure nurture and care of their children and themselves.

8. It is necessary that the State Government increase the budgetary allocation for provision of nutritious food and other services.

9. It is also noticed from various visits across the State that one constant refrain for lack of proper implementation of ICDS is the lack of staff. In this regard it is required that all vacant posts must be filled and an additional worker needs to be appointed in the AWCs with the specific task of looking after children below the age of 3 years.

10. As things stand, the linkages between ICDS and the Primary Health Care (PHC) system are somewhat disjointed and ineffective. There is much scope for better integration of

ICDS with basic health services such as health checkups, growth monitoring, detection of under-nutrition, mass de-worming, disease surveillance, micronutrient supplementation, health education, etc

X. **Innovative measures in this field could include**:

1. A pre-fixed 'Nutrition and Health Day' each month, with mandatory joint presence of the Anganwadi worker and community health worker, and also serving as the designated day for the distribution of 'Take-Home-Rations' together with weighing of children below three;
2. Common training programmes for health and ICDS staff;
3. Joint monitoring of child growth by ICDS Supervisors and health staff; and
4. Regular provision of medical kits with adequate stocks of common medicines such as ORS, anti-malarials, anti-diarrheal, etc.

The health department must initiate steps to deliver its services to the children, especially malnourished children, through the anganwadi centres.

Specifically, it must be directed that the State Government to continue the mid-day meal programme during the summer months in drought-affected districts, to protect children from acute hunger in those months. This has been held so by the Hon'ble Supreme Court which directed that in drought affected areas, mid-day meal shall be supplied even during summer vacations.

The Government of India should be directed to provide grain, free of cost, based on the usual norms, to enable this extension during the summer month.

The Mahatma Gandhi National Rural Employment Guarantee Act must be implemented in the drought affected villages to prevent forced migration.

XI. Conclusion

Malnutrition is not only problem but it is also a mother of illness, children are most important asset and resource of the nation, to make use of them in nation building effort respectively sate and union governments, nongovernmental organizations, philanthropists, medical fraternity, parents and international Organizations have to make collective effort to wipeout malnutrition problem.

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