Research Paper

Socio – economic Conditions of Malnourished Children: Some Observations from Rural Kolhapur

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ABSTRACT: *Nutrition has major effects on health. Malnutrition refers to any imbalance in satisfying nutrition requirements. Malnutrition is often cited as an important factor contributing to high morbidity and mortality among children in developing countries. Malnourished children are more likely to grow into malnourished adults who face increased risks of disease and death. A number of factors affect child nutrition, either directly or indirectly. The most commonly cited factors are food availability and dietary intake, breastfeeding, prevalence of infectious and parasitic diseases, vitamin A supplementation, maternal care during pregnancy, water supply and sanitation, socio-economic status, and health-seeking behavior. Thus malnutrition is a serious problem which directly or indirectly affects the social and economic development of a nation. The present empirical study intends to understand the socio-economic condition of the family of malnourished children of Shahuwadi Tahasil of Kolhapur district.*
KEY WORDS: Malnutrition, Nutrition, Under Nutrition, Morbidity, Mortality

I. INTRODUCTION

Nutrition has major effects on health. Nutrition refers to the availability of energy and nutrients to the body's cells in relation to body requirements. Malnutrition refers to any imbalance in satisfying nutrition requirements. Malnutrition among children is often caused by the synergistic effects of inadequate or improper food intake, repeated episodes of parasitic or other childhood diseases such as diarrhea, and improper care during illness. Malnutrition is often cited as an important factor contributing to high morbidity and mortality among children in developing countries. Malnutrition during childhood can also affect growth potential and risk of morbidity and mortality in later years of life. Malnourished children are more likely to grow into malnourished adults who face increased risks of disease and death.[1].

A number of factors affect child nutrition, either directly or indirectly. The most commonly cited factors are food availability and dietary intake, breastfeeding, prevalence of infectious and parasitic diseases, vitamin A supplementation, maternal care during pregnancy, water supply and sanitation, socio-economic status, and health-seeking behavior. Demographic characteristics such as the child's age and sex, birth intervals, and mother's age at child-birth are also associated with child nutrition.

Malnutrition is a serious problem, especially for infants and young children. It reflects an imbalance of both macro and micro-nutrients that may be due to inappropriate intake and/or inefficient biological utilization due to the internal and external environment. Poor feeding practices during infancy and early childhood, resulting in malnutrition, contribute to impaired cognitive and social development, poor school performance, and reduced productivity in later life. Malnutrition, therefore, is a major threat to social and economic development as it is among the most serious obstacles to attaining and maintaining the health of this important age group. According to the United Nations Standing Committee on nutrition,2006, undernutrition is the main threat to health and well-being not only in middle and low-income countries but also globally [Global Hunger Index, GHI,2010]. [1].

While commonly associated with poverty and a deprived environment, not all malnutrition results from a shortage of money. Children of middle and upper-income families may also be malnourished because of unwise food selections. Frequent fast-food meals, snacking habits, concern over weight control, and skipped meals can seriously limit the variety of food choices, which, in turn, limit the nutrients ingested. [1].

Over half (54%) of all childhood deaths in India are related to malnutrition. Nearly 30 per cent of the global childhood deaths attributed to stunting, severe wasting, and intrauterine growth restriction- low birth

weight occur in India. In 2005-06, about 44 per cent of Indian children under 5 were underweight, and 48 per cent were stunted due to chronic malnutrition. Due to country's size, this means India is home to 42 per cent of the world's underweight children and 31 per cent of the world's stunted children. The proportion of stunted and undernourished children is 19-21 times higher than expected for a healthy, well-nourished population according to international child growth standards. [1].

High levels of child undernutrition are driven by the low nutritional and social status of women. Forty percent of women in India have low body mass, a factor in low-birth weight, twenty-eight per cent of children born in India are low-birth weight, indicating intrauterine undernutrition. Nearly half of low-birth weight babies are currently stunted or underweight, compared to one-third of normal birth weight babies. Nearly 40 per cent of all low-birth weight babies in the world are born in India. Undernutrition indicators in India also follow lines of inequity- undernutrition is substantially higher in rural areas than in urban areas, and children from scheduled tribes have the poorest nutritional status on nearly every measure and the highest prevalence of wasting (28%) among under-fives. [1].

II. CONCEPT OF MALNUTRITION

According to WHO, Malnutrition refers to deficiencies, excesses or imbalances in a persn's intake of energy and/or nutrients. The term malnutrition covers two broad groups of condition. One is 'undernutrition'-Which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals). The other is overweight, obesity and diet-related noncommunicable diseases (such as heart disease, stroke, diabetes, and cancer).

III. METHODOLOGY

The present empirical study intends to understand the socio-economic condition of the family of malnourished children of Shahuwadi Tahasil of Kolhapur district. The study deals with malnutrition among children under the age of five. To understand the nutritional status among children, three categories of anthropometric measurements are generally used. These categories are i) Height for age - Stunting, Weight for Height-Wasting and Weight for age- underweight. In the present study of malnutrition only one category/indicator of malnutrition has been used.

The universe for the present study constituted all malnourished children under the age of five of Shahuwadi Tahasil. The list of malnourished children were collected from ICDP department of Shahuwadi Tahasil and the category of malnourished children was received from ICDP section, i.e., Wasting. Among Wasting Category the children were divided into two categories, they are Moderate acute malnutrition (MAM), and Severe acute malnutrition (SAM).For the present study, out of 210 respondents, researcher has selected 44 respondents from both the MAM and SAM category. These 44 respondents were selected from 12 beats of Shahuwadi Tahasil. The list of 210 respondents are based on 12 Beats in Tahasil. Out of these 12 beats total 24 respondents from 04 beats and seven (7) villages who were having moderate acute malnutrition (MAM) have been selected by using purposive sampling method a form of non probability sampling method. Another 20 respondents from 8 beats and 16 villages, who were having severe acute malnutrition (SAM) have been selected by using purposive sampling method. Thus out of 210 respondents, 24 respondents from MAM category and 20 respondents from SAM category, total 44 sampled respondents were selected for the present study.

IV. REVIEW OF LITERATURE

Vijayashree Mathad and Shivprasad S [2013] have analysed various studies conducted in India. It is revealed from their study that faulty feeding practices were common and most of the children's diet was not adequate for calories and proteins as per ICMR quidelines. No child was found to be overweight or obese. It is also observed that lower socio-economic condition, higher birth order, lower birth interval and faulty feeding habits were found to have adverse effect on nutritional status of children.

Among micronutrient deficiencies, nearly one-third of children were detected clinically to have anemia. Study have given some recommendations and these recommendations are, mothers should be advised to initiate breastfeeding within one hour of delivery. Socio-economic development among the rural masses needs to be ensured, which is the important factor to tackle malnutrition, mainly undernutrition.

Ashish Talukdar(2014) from Bangladesh had conducted a study on malnutrition among under five children. The study was conducted to uncover the risk factors associated with malnutrition among under five children in Bangladesh by analysing data from Bangladesh Demographic and Health Survey (BDHS) I 2014.

It is revealed from the study that the prevalence of child malnutritionin Bangladesh is still high. Potential factors associated with child malnutrition are several, including parent's education level, wealth index, mother's BMI, antenatal care service during pregnancy and birth interval of children. The study strongly

highlight the necessity of increasing parent's education level, improving mother's nutritional status and increasing antenatal care facilities during pregnancy in order to achieve better nutritional status among under five children in Bangladesh.

Edward Olodara Ole Tankoi, Stephen Amolo Asito and Samson Adoka [2016] have conducted a study of children aged 6-59 month in Trans- Mara East Sub County, Narok County, Kenya. A cross sectional descriptive Survey was conducted using a semi structured questionnaire.

It is revealed in the present study that 31%,22% and 8% of the children were stunted, underweight and wasted respectively. The study has demonstrated that poor livelihoods and low socio-economic status, high levels of food insecurity and consumption of high energy dense food, poor access to water and environmental sanitation and health care services and poor child feeding practices in this settings are key determinants of malnutrition.

Mohammad Mohseni, AIdin Aryankhesal,and Naser Kalantri [2017] had conducted a systematic review of malnutrition and its associated factors among under five year old children of Iran. Total 36 articles were selected for the purpose. The study revealed that mother's education, fathers education, gender, birth weight were mentioned as the most important factors resulting in stunting. The study suggested that policies and programmes should focus on improvement of households living conditions such as mother and child nutrition.

V. OBJECTIVE

In the present study, an attempt has been made to understand the socio-economic condition of the family of malnourished children in terms of type of family, number of family members, caste, religion, yearly family income, type of ration card and family business.

VI. SOCIO-ECONOMIC CONDITIONS OF THE FAMILY OF MALNOURISHED CHILDREN:

Socio-economic characteristics of the family of malnourished children has been analysed in terms of type of family of malnourished children, number of family members, caste, yearly family income, type of ration card and family business.

6.1 Type of Family: Family background constitutes one of the most important social variables that influences on various aspects of overall health of a family. Therefore, the data regarding the type of respondents' family were taken and it is presented in the table no.1 below.

Table no. 1
Distribution of Respondents According to Type of Family

No	Type of Family	Frequency	Percentage
1	Joint Family	27	61.36%
2	Nuclear Family	17	38.64%
	Total	**44**	**100.0**

The data presented in the table no. 1 indicate that, an overwhelming majority (61 percent) of the respondents were found to have hailed from joint family background and (39 percent) of the respondents were found to have hailed from nuclear family background.

It is clearly revealed from the present study that majority of the respondents (61 percent) hails from joint family.

6.2 Total members in the family: It is also important to understand the number of family members while understanding health of a child. Therefore, the data regarding the total family members were collected and it is presented in the table no.2 below.

Table No.2
Distribution of Respondents According to Total Members in The Family

No.	Total Members in the family	Frequency	Percentage
1	2 to 3	03	6.81 %
2	4 to 5	25	56.81 %
3	6 to 7	05	11.36 %
4	Above 7	11	25 %
	Total	**44**	**100.0**

The data presented in the table no.2 indicate that an overwhelming majority of the respondents (57 percent) were found to have at least four to five members in the family, another 25 percent of the respondents were found to have more than seven family members in the family, while 11 percent of the respondent were

found to have six to seven family members in the family and only 7 percent of the respondents were found to have only two to three family members in the family.

It is revealed from the above data that majority of the respondents belongs to joint family where proper care of the health of a young woman is not taken by the family members. Also, she has a responsibility to do all household work.

6.3 Caste **Category:** It is important to understand the caste background of the respondents under the study. So, the data regarding the caste category of the respondents were collected and presented in the table no. 3 below.

Table no.3
Distribution of Respondents According to their Caste Category

No.	Caste Category	Frequency	Percentage
1	Maratha	18	40.90 %
2	Dhangar	07	15.90 %
3	Mahar	06	13.63 %
4	Mang	06	13.63 %
5	Lingayat	03	6.81 %
6	Other	04	9.09 %
	Total	**44**	**100.0**

The data presented in the table no.3 indicate that, a majority of the respondents (41 percent) were found to belong to Maratha caste category, another 16 percent of the respondents were found to belong to Dhangar caste category, still another 13 percent of the respondents were found to belong to Mahar caste category and another 13 percent of the respondent were found to belong to Mang caste category, 7 percent of the respondents were found to belong to Lingayat caste category and 9 percent of the respondent were found to belong to other caste category such as Ramoshi, Korvi, Parit, Kaikadi etc.

It is revealed from the present study that, a majority of the respondents (41 percent) belongs to maratha caste category which is one of the dominant castes in Maharashtra. The study also indicates that Maratha peoples representation in the population is in higher number, also majority of them are economically backward.

6.4 Yearly Family Income: While studying malnutrition among children, it is important to understand the yearly family income of the respondents' family. The data regarding the income level of the respondents' family is presented in the table no.4 below.

Table no.4
Distribution of Respondents According to Yearly Family Income

No.	Yearly Family Income	Frequency	Percentage
1.	Upto 20 Thousand	25	56.81 %
2.	Upto 50 Thousand	15	34.09 %
3.	51 thousand to 1 Lakh	02	4.54 %
4.	100001 to 200000	02	4.54 %
	Total	**44**	**100.0**

The data presented in the table no. 4 indicate that, an overwhelming majority of the respondents (57 percent) were found to be having only 20 thousand yearly family income, another 34 percent of the respondents were found to be having 50 thousand yearly family income, other 4 percent of the respondents were found to be having yearly family income between 51 thousand to 1 lakh, and again another 4 percent of the respondents were found to be having yearly family income between 100001 lakh to 200000 lakh.

It is clearly revealed from the study that majority of the respondents were found to be having a very low level of family income. Most of them seems to be economically poor which can not take good diet for their family members as well as for their children.

6.5 Type of Ration Card: To understand the economic status of the respondent's family the data about their ration card were collected and it was presented in the table no.5 below.

Table no.5
Distribution of respondents according to their Ration Card

No.	Type of Ration Card	Frequency	Percentage
1	Orange	18	40.90 %
2	Yellow	24	54.54 %
3	White	02	4.54 %
	Total	**44**	**100.0**

The data presented in the table no. 5 indicate that, majority of the respondents (55percent) were found to have yellow ration card and (41 percent) of the respondents were found to have orange ration card and only (4 percent) of the respondents were found to have white ration card.

It is clearly revealed from the present study that an overwhelming majority of the respondents were having the ration card which represents their lower economic status.

6.7 Nature of Family Profession: The data regarding the nature of family profession of the respondents were presented in the table no.6 below.

Table no.6
Distribution of respondents according to their Family Profession

No	Nature of Family Profession	Frequency	Percentage
1	Labour	11	25 %
2	Agricultural Labour	20	45.46 %
3	Service	08	18.18%
4	Other	05	11.36 %
	Total	**44**	**100.0**

The data presented in the table no.6 indicate that, majority of the respondents family members (45 percent) were found to be engaged in agricultural labour activity, another (25 percent) of the respondents family members were found to be engaged in different kinds of labour activities, while (18 percent) of the respondents family members were found to be in service and still other (11 percent) of the respondents family members were found to be engaged in other kind of activities such as driving, dairy activity, stitching, tempo service etc.

It is revealed from the data that an overwhelming majority of the respondents' 71% percent engaged in labour activity as their profession, it clearly indicates their lower economic position in society.

VII. CONCLUSION

It is revealed from the the study that socio-economic condition such as type of family, total members in the family, yearly family income, type of ration card, nature of family profession of the malnourished children influences over the nutritional status of the children. Some studies such as Vijayashree Mathad and Shivprasad S (2013) observed in their study that lower socio-economic condition, higher birth order, lower birth interval and faulty feeding habits were found to have adverse effect on nutritional status of children. Ashish Talukdar (2014) from Bangladesh also found in his study that parent's education level, wealth index, birth interval of children are the factors associated with the malnutrition among children. Edward Olodara Ole Tankoi, Stephen Amolo Asito and Samson Adoka [2016 also revealed in their study conducted in Kenya that poor livelihoods and low socio-economic status, high levels of food insecurity and consumption of high energy dense food, poor access to water and environmental sanitation and health care services and poor child feeding practices in these settings are key determinants of malnutrition.

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