



The Problem of Malnutrition amongst Children in India

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Received: April 08, 2019; **Published:** August 30, 2019

Abstract

The problem of malnutrition amongst children in India is a serious problem that poses a threat to life. The prevalence of this problem amongst children has imposed detrimental effects. Recent research has indicated that one out of every four children, who are under five years of age are malnourished. There are severe consequences of malnourishment amongst children. It is a major impediment within the course of child's growth and development. The children drop out of school, they get admitted to school at a later stage, they experience health problems, and deprived cognitive development. The main objective of the families and educational institutions is to ensure growth, learning and development of children take place in an adequate manner. Children are regarded as the future citizens of the country, therefore, it is vital to implement measures, programs and policies that would contribute in an efficient manner in eliminating the problem of malnutrition.

Keywords: Malnutrition; Children; School Participation; Regional Disparities; Measures; Remedies

Introduction

India is a country that has the largest number of people, who are experiencing the problem of malnutrition. The Global Hunger Index (GHI) 2010 ranks India at 67 out of 122 countries, whereas the 2012 Global Hunger Index (IFPRI) ranks it at 65 among 79 countries. The problem of malnutrition within the country amongst women and children is severe and distressing. The scarcity of resources and living in the conditions of poverty are the major impediments within the course of acquiring proper nutrition. The families who are residing in the conditions of poverty are unable to meet the nutritional requirements of their children and therefore, they undergo the problem of malnutrition. In the present existence, there is sufficient production of food grains and there is also existence of large number of people for the need of purchasing power and distributive justice [1].

There are differences across various sections of the society and the states. The problem of malnutrition amongst children causes

many detrimental effects upon children. It increases the risk of infant and child deaths, it leads to lower levels of performance in schools, cognitive development, health and decreased levels of productivity and adulthood. In India, the economic and human costs of child malnutrition are likely to be high. The millennium development goal is to decrease the percentage of underweight children by one-half between 1990 and 2015. For the country, this would indicate a reduction in the child underweight rate from 54.8% in 1990 to 27.4% in 2015. The rates of child malnutrition in India are high. One-half of the children, who are up to three years of age are underweight or stunted. This includes approximately 37 million children, undergoing the problem of malnutrition [2].

Nutritional status of children

In the early 1990s, half of the pre-school children within the country were malnourished, as measured by being stunted or underweight for age. At the same time, several other countries in South Asia and Sub-Saharan Africa had similar levels of child

malnutrition. The prevalence of child stunting and underweight in India has decreased since then, but at a slower pace than in most other developing countries. In years around 2000, the latest date for which estimates are available for adequately many countries to enable significant judgment, only a few, much smaller countries had a higher incidence of child malnutrition as compared to India. As late as in 2005-06, 46% of all young Indian children were underweight for age and 38% were stunted. Their growth was not taking place in an adequate manner, because of the lack of essential nutrients [3].

It is well recognized that work and implementation in human resource development is a pre-requisite for any nation to progress. In every organization and educational institution, human resources are regarded as the key aspects that would contribute in the achievement of the desired goals and objectives. Children in the present existence are the citizens of tomorrow, and hence improving their nutritional status is an imperative area. From the initial stage, when children will be provided with adequate nutrition, only then they will be able to develop into healthy human beings. Early childhood, that is the first six years constitutes the most crucial period in life, when the foundations are placed for cognitive, social and emotional language, physical and motor development and cumulative lifelong learning. During this stage, it is vital for the mothers to make sure, children are receiving proper nutrients. The young child under three years of age is most vulnerable to the vicious problems of malnutrition, diseases, infections and resultant disabilities, all of which influence the present condition of a child at micro level and the future human resource development of the nation at the macro level. The assessment of the ground reality as reflected by the statistics on nutritional status of children is important within this framework [4].

Young children need additional care because, they are not able to distinguish between what is appropriate and what is inappropriate. They are regarded as the supreme assets as the children within the country in the present would form the human resources of future. This is all the more so because the role of the human element is becoming more fundamental in this age, which has viewed great progress in robotics, technology and electronic convergence. The provision of suitable facilities for children to recognize their

complete potential in both mental and physical development is therefore the least that the world can do to assure not only a good present but also a good future for its people. Hence, it is barely surprising that one of the millennium development goals (MDGs), agreed upon by the countries of the world is to lead to a decline in the proportion of underweight children by half by the year 2015 [5].

The consequences of child malnutrition for child morbidity and mortality are massive and there is an unfavourable impact of malnutrition on productivity, so that a failure to battle child malnutrition reduces potential economic growth at the macro level. At the micro level, malnutrition, both protein energy malnutrition and micronutrient deficiencies directly affects children's physical and cognitive growth and increases vulnerability to infection and diseases. It is understandable that there is an urgent need to focus on the nutritional and overall developmental needs of the children. The fair interval for intervention is considered to be from the time of birth to two years of age, after which under-nutrition may cause irretrievable damage for future development. Deprived growth or stunting in the first two years of life leads to irretrievable damage. Insufficient cognitive or social stimulation in first two to three years has lifelong negative impact on educational performance and psycho-social functioning [4].

India has admirable achievements to declare on a number of counts. These include high rates of economic growth lasting over a decade, reduction in the infant mortality rates and increase in life expectancy at birth [5]. India is one among the many countries of the world where the malady of child malnutrition is stern and also it is a major underlying cause of child mortality within the country. The problem has caught the attention of policy makers and researchers for several decades. Various studies and surveys have been conducted to find out the core foundations of child malnutrition. All these studies including the three National Family Health Surveys (NFHS) reveal that malnutrition is not the result of a single cause; the problem is comprehensive, the causes acting individually or in combination with other complex factors like poverty, purchasing power, health care, ignorance on nutrition, unemployment, health education, female illiteracy, social convention, knowledge and awareness [4].

Causes of child malnutrition

The causes of child malnutrition have been stated as follows: [2].

- **Infant Feeding Practices:** The postponement in the breast-feeding practices are often related to an inappropriate insight that the first breast milk (colostrum) is a poorer food, when in fact colostrum is rich in antibodies and is beneficial to the new born infant. Another common feeding practice that has an adverse implications for child malnutrition is the early termination of breast feeding and introduction of supplementary feeding. Premature introduction of foods other than breast milk increases the risk of infection in small infants, and this leads to the process of malnutrition. It also puts the infant at a greater risk of malnutrition, since preventing diets are often insufficient in India.
- **Infections:** Illnesses and infections, especially diarrheal infections, are strongly associated with causing malnutrition amongst children. Infections decreases the ability of the body to absorb the essential nutrients from food, which in turn leads to malnutrition. Infants experience diarrheal infections at the early stages of their lives. Amongst the infants, diarrhoea is prevalent. This infection normally is predominant in the states of Bihar, Rajasthan, Madhya Pradesh, Uttar Pradesh and Orissa. In order to reduce infections amongst children, it is vital for the parents to make provision of a healthy, hygienic and safe environment. Maternal nutrition determines low birth amongst children, hence, it is vital for expecting mothers to consume a nutritious diet and keep themselves healthy.
- **Illnesses and Health Problems:** Illnesses and health problems are regarded as the major causes of malnutrition amongst children. When a child is suffering from a health problem or an illness, he does not feel like consuming food, in some cases, he loses weight and as a result becomes malnourished. On the other hand, there have been cases, when there is an increase in the appetite and the child consumes much more food, then what is required. For instance, when a person experiences depression, the outcomes are both, there may be an increase in appetite or a decrease. Increase as well as decrease in appetite cause malnutrition.
- **Low Birth Weight:** There are large number of children in India, who are low in birth and this is stated as the primary cause of malnutrition. Children born with the weight of less than 2.5 kg are at a larger risk of malnutrition as compared to the children with the birth weight of above 2.5 kg. Malnourished or low weight mothers are likely to give birth to low weight children. The children of low weight mothers are more likely to be malnourished as compared to the children born to heavier mothers. Therefore, to lead to a decline in malnourishment amongst the children at birth, it is vital for the mothers to maintain their weight in an adequate manner.
- **Living Standards:** The socio-economic background of the families and the living standards have a greater impact upon the prevalence of the problem of malnutrition amongst the children. Children who are born and raised in wealthy households are less likely to be malnourished. Their parents can afford healthy and a nutritious diet for them, safe and hygienic living conditions and health care and medical benefits that are required for a healthy living. On the other hand, children belonging to deprived, marginalized and socio-economically backward sections of the society are more malnourished, the reason being, their parents find it difficult to make available for them healthy and a nutritious diet, health care facilities and other materials, required for improved living conditions.
- **Maternal Schooling:** Maternal schooling is referred to the education and information that parents need to acquire when they are performing the task of nurturing their children. There are numerous aspects that need to be taken into consideration in the case of maternal schooling. These are, making provision of proper diet and nutrition to the children, improvement in hygiene, health practices and preparation of meals within the households and the communities, and providing other materials to the children to make them feel happy and joyful. Child development practices and other important areas that are required for effective growth and development of the children need to be understood by the parents. The parents need to be aware of health care and medical facilities to ensure the children do not experience the problem of malnutrition and they should be brought up in a caring and compassionate environment.

- **Infrastructure:** Infrastructure is referred to the provision of conditions, civic amenities and facilities within the environment that prevents the problem of malnutrition and leads to good health conditions amongst the children. These are clean drinking water, sanitation, heating and cooling equipment in accordance to the weather conditions, clean garments, and safe living conditions. On the other hand, when the infrastructural facilities are in a deprived state, then the problem of malnutrition exists amongst the children. Roads and transportation facilities are considered as important community infrastructure, when these are in a deprived state, it becomes difficult for the individuals to transfer from one place to another to market their produce, meet their requirements and to adequately sustain their living conditions.
- **Child Abuse:** There have been prevalence of child abuse in India. It is considered as one of the major factors that is responsible for child malnutrition. Young children have been subjected to various forms of abuse, such as, verbal abuse, physical abuse, rape, harassment, trafficking and so forth. These forms of abuse cause distress amongst them. Child trafficking is a form of abuse, when children are exploited and they are deprived of food. When children are abused and exploited, they are deprived from obtaining a healthy and a nutritious diet, hence, malnutrition is predominant amongst them. The children usually abstain from eating healthy, when they are undergoing physical and psychological pain and suffering.
- **Widowhood:** Widowhood at an early age, especially when women solely have to take care of young children is a distressful state that is responsible for the problem of malnutrition. When women become widows and they have the necessary possessions, such as financial resources, own property, etc. then it is manageable for them to adequately nurture their children and eliminate the problem of malnutrition amongst them. On the other hand, losing the sole bread winner of the family, not having any source of income may cause difficulties in providing adequate nutrition to the children, hence widowhood is a cause of child malnutrition.
- **Old Age:** There have been instances, when parents are not around and elderly grandparents are bestowed with the responsibility of taking care of their grandchildren. The grand-

children may be below 18 years of age. In a person's old age, one does not possess the same capacity and skills to work as one used to during young age. When the source of income is limited, then it becomes difficult for the elderly grandparents to meet the nutritional requirements of their grandchildren. In poverty stricken households, old age is responsible for making use of the financial resources for health care purposes and in functioning of the households, hence, the problem of malnutrition exists amongst the children, when they are not able to meet their nutritional requirements.

Connection between malnutrition and school participation

There is a close interrelationship between malnutrition and participation of children in schools. In schools and training centres, obtaining adequate nutrition is of utmost significance as it provides energy to the individuals to carry out their activities. When children are preparing for exams, when they are working on assignments or projects, their teachers and parents always advise them to consume a healthy and a nutritious diet. When children are involved in other extra-curricular activities such as, sports, physical activities, dance, music, then too they are advised to eat healthy. The problem of malnutrition is regarded as a major impediment within the course of the achievement of academic goals and objectives. The children who are malnourished will not possess sufficient energy to render an effective participation in all types of school activities. They would experience fatigue, weakness, lack of concentration and exhaustion quite frequently. Malnutrition is regarded as a serious and a complex problem that poses a serious threat to one's existence, and it impedes one's growth and development.

Malnourished children are also more prone to illnesses and health problems. By the time they reach school going age, they have a much lower potential to learn as compared to their well-nourished peers. When children are malnourished from the initial stage, they will not be able to develop the skills and abilities to enhance their learning and their performance would be low in class. Deficiency of micronutrients, such as iron, iodine, zinc and vitamin A, in a child's early years may result in a lower attention span, decreased ability to concentrate and poor memory. Anaemia resulting from the deficiency of iron is known to have a serious influence on the cognitive development of children. In this framework, a recently developed analytical framework is beneficial for understanding the relationship between health and education outcomes. Three

different time periods are, corresponding to infancy up to two years, early childhood up to six years and primary school stage up to 11 years, are identified and an equation for each relationship is developed. These relationships are described as production function, conditional demand and decreased form. They are beneficial for evaluating the connection between child health, nutrition and educational access and contribution of the children [6].

In education, children's poor nutrition and health status is not frequently identified as a significant factor for school enrolment, participation and achievement. However, there has been an ever increasing empirical evidence from global research, pointing out that malnourishment amongst young children influences schooling in several direct and indirect ways. It has been understood that children who are malnourished are not able to adequately concentrate on their studies and other school activities. On the other hand, malnourished children also experience various types of health problems that may lead to an increase in the rate of absenteeism. The children amongst whom, malnutrition is a wide-spread problem that results from a multifaceted interaction between environmental deprivation and under-nutrition dropout of schools on a frequent basis. Malnourished children typically undergo a range of other environmental difficulties associated with poverty, such as, poor housing, poor health care, deprived family and lack of community support systems. There is a need to identify the ways in which, child malnutrition and deprived health conditions have an influence upon access and school participation of children [6].

Regional disparities in malnutrition amongst children

There are regional disparities in malnutrition amongst children. The states of Gujarat, Haryana, Maharashtra and Punjab, do not figure among the top five states in terms of the lack of child malnourishment, nor do the emerging economic powers of south India like Andhra Pradesh and Karnataka. Besides Kerala, it is the small north-eastern states, such as Nagaland, Manipur and Mizoram, which occupy high positions in the child nourishment ladder at all three points of time considered. Amongst the Bimaru states, Bihar reliably holds the fort of being among the top five in terms of child malnourishment with Madhya Pradesh experiencing constant deterioration of its position on this front over the period of time. In order to scrutinize the position of the different states in

comparison to that of the nation as a whole with concern to the extent of malnourishment of children, it is vital to conduct an analysis of differences within the states [5].

The poorest relative position in terms of child nourishment in 1992-93 is that in the state of Bihar, where the percentage of malnourished children is 20 percent more than that for the whole country. Madhya Pradesh replaces Bihar on this count in 1998-99. Essentially, while Bihar, Orissa and West Bengal are the only three states with values higher than 100 and are thus are in a deprived condition than the nation as a whole in 1992-93. The number increases to six with Madhya Pradesh, Rajasthan and Uttar Pradesh joining this group with the largest relative weakening taking place in Rajasthan, meticulously followed by Madhya Pradesh and Uttar Pradesh. The leading improvement in the relative position took place in Punjab with Arunachal Pradesh too examining this problem. A stronger picture about the manner of transformation in inter-regional disparities takes place if one examines inter-state coefficients of variation. The un-weighted and weighted inter-state coefficients of variation of percentage of child malnourishment in India at the three points of time. Inter-state disparities seem much less if one takes into consideration, the weighted coefficients of variation than if one takes into account un-weighted coefficients. Both, the weighted and the un-weighted coefficients of variation experience increase between 1992-93 and 1998-99 representing an increase in inter-state disparities [5].

Measures to prevent malnutrition

There have been initiation of measures to prevent the problem of malnutrition and these have been stated as follows:

- **Supplementary Nutrition:** This is an assisting scheme, which has the main objective of ensuring that healthy and nutritious food is available to the individuals, who belong to deprived, marginalised and socio-economically backward sections of the society. When individuals, experiencing poverty and scarcity of resources cannot afford to meet their needs, then they take help from this scheme. Supplementary nutrition is made available to the children who are below six years of age, nursing mothers and the expectant mothers who belong to low income families. The women and young children belonging to underprivileged and destitute families cannot afford healthy diet and experience problems

in meeting their nutritional requirements, hence, they are supported by this scheme. These are in accordance with the guidelines for the purpose of the selection of the beneficiaries, this will be given for 300 days in a year.

- **Nutrition and Health Education:** The main purpose of this scheme is to ensure that expecting mothers are not underweight. As underweight of the mothers is the primary cause of having malnourished children. Nutrition and health education is provided to women who are in the age group of 15 to 45 years. The individuals who belong to underprivileged and marginalized communities need to possess adequate knowledge about diet and nutrition and maintenance of good health conditions. This applies mainly to expectant and nursing mothers, this information will help them in the implementation of child rearing in a better way and curb the problem of malnutrition. It is vital to make sure, children are nourished in a hygienic and safe environmental conditions.
- **Immunisation:** The recommended immunization schedule is designed to protect infants and children during the early stage of life. During the early stage, children are at the most vulnerable stage and before they are unprotected from various types of illnesses and health problems. It is crucial to observe the schedule for the age or age range when each vaccine or series of shots are suggested. A personalized schedule needs to be created that shows the recommended dates for the child. If the child has missed any shots, then one should work with the doctor to determine the vaccination dates for the missed or avoided vaccines. Immunisation is required for all children less than six years of age, in the project against diphtheria, tetanus, cough, typhoid and tuberculosis. Immunisation against tetanus is required for all the expectant mothers. It is to be made sure that all the infants staying within the anganwadi centres should be administered vaccination against BCG, DPT, Polio and Measles before they reach one year of age. Immunisation of the children is essential to secure a healthy living.
- **Health Check-Up:** Health check-up on a regular basis is important for young children as well as for expectant and nursing mothers. This includes antenatal care of expectant mothers, post-natal care of the nursing mothers, care of infants and of all the children who are below six years of age. Health

care and medical facilities generate awareness amongst the individuals to detect the problem of malnutrition and remedies to cure it. Young children should be taken to health care specialists and physicians on a timely basis. When the child is overweight and gets indulged into unhealthy eating quite frequently, then too it is considered as a sign of malnutrition. On the other hand, when the child is under-weight and does not eat much, then it is stated that he is malnourished. In both the cases, child is considered as malnourished. Parents need to observe the weight of their children, when they are unable to manage the weight of their children, then health check-up is regarded as essential.

- **Referral Services:** The problem of malnutrition is prevalent amongst young children, therefore, referral services are required in the case of this problem. Children who are suffering from third or fourth degree of malnutrition or illnesses are taken to the hospitals, progressed PHCs, community health services or district hospitals. Health care specialists and physicians provide knowledge to the parents, regarding providing to the children adequate nutritious diet, to reduce the problem of malnutrition. Referral services have primarily proven to be effective to the individuals belonging to deprived, marginalized and socio-economically backward sections of the society. The reason being, they are unaware and do not possess adequate knowledge about child development. Factors such as, per-capita income of the family within the stage of early childhood, incidence of infant or child mortality rates, per-capita calorie availability of the children and mother's education [7], knowledge and awareness are taken into consideration when accessing referral services.
- **Non-Formal Pre-school Education:** There are more than one million anganwadi centres (AWCs) across rural India, catering to the children belonging to three to six years of age. These are going to be restructured to include children up to three years of age and expecting and lactating mothers as well, but as of now, are not operating in an efficient manner. Similar is the case with the mid-day meal scheme. Likewise, there are about 4,89,000 Fair Price Shops (FPSs) under the public distribution system (PDS) to distribute subsidised food grains, sugar, kerosene oil, and so forth to the targeted deprived households, but their operation is ridden with huge

escape and exploitation. States like Chhattisgarh and Tamil Nadu have set examples by revamping the PDS and ensuring it's efficient, transparent, accountable and clean functioning (Hunger and Malnutrition in India, n.d.). The provision of non-formal education is made to the children, who are within the age group of three to five years through anganwadis. The major emphasis is put upon play, inventive, resourceful and creative activities that have the main objective of leading to psychological, intellectual and physical growth and development of the children. In anganwadis and schools, the mid-day meal scheme is launched, to make provision of healthy and nutritious meals to the children. These would not only make available to them the essential nutrients, but also the energy that is necessary to adequately concentrate on studies.

- **Government Measures:** There are number of government measures that have been initiated to overcome the problems of hunger and malnutrition. These include, National Food Security Mission, National Nutrition Mission, National Policy On Farmers, National Horticulture Mission, National Mission on Pulses and Oilseeds, National Rural Livelihoods Mission, Mahatma Gandhi National Rural Employment Guarantee Act/Scheme, National Rural Health Mission, Integrated Child Development Services (ICDS) for children below six years to provide nutrition and pre-school education, Mid-Day Meal (MDM) for children belonging to six to fourteen years of age, Public Distribution System, Janani Suraksha Yojana (Mothers' Protection Scheme) for expecting and lactating mothers, social assistance to the individuals, who are poverty stricken, these include, subsidised food grains, pension, insurance, etc. and an all-inclusive National Food Security Bill. Some of these measures are in the stage of progress to ensure their effectual and operative planning and implementation with missionary enthusiasm. They still leave much to be done and desired as regards their operative implementation. Alongside the government, CSOs, private sector, professional institutions, some of the international organisations and donors have also been rendering important participations to address the problem of hunger and malnutrition in India by advocacy as well as action [1].

Other Remedies towards elimination of hunger and malnutrition

Despite of economic growth and development, the problem of malnutrition is predominant within the country and it is considered as an impediment within the course of progress. The norms and policies that have been formulated to eliminate this problem have not been effectually put into operation and still require much attention. Besides prevention measures, there have been remedies classified that would contribute towards elimination of the problems of hunger and malnutrition [8].

1. Universalize and ensure inclusiveness in all nutrition related schemes and policies with commitment towards universalization and quality for all. It is vital to make sure that children and women belonging to all areas and backgrounds are provided with sufficient diet and nutritional requirements. There should not be any types of discriminatory treatments against the individuals belonging to backward communities and minority groups. There have been availability of food at religious places and other areas, where poverty stricken and individuals belonging to deprived and marginalized communities are supported.
2. A drive should be launched to bring about rapid access to the poverty stricken individuals and scale up the Antyodaya scheme. This involves special provision of standard, state-of-the-art feeding and care for the children who are suffering from severe malnutrition. In India and in other countries of the world, such as the United States of America, there have been organizations that make provision of food items to the low income group and deprived individuals. They feel largely supported, as the food provided is of good quality and contributes in the sustenance of the individuals and their families.
3. Decentralize service delivery, management and response so that the availability of food through the integrated child development services and the public distribution system should benefit the economically disadvantaged sections of the society and the farmers. The scheme of integrated child development services have proven to be largely beneficial for women and children. The women belonging to deprived and socio-economically backward sections of the society are able to acquire information that would be necessary in contributing towards appropriate child development.

4. Restructuring of the integrated child development services is done to include children up to two years of age and put emphasis upon pre-school education. An important area to restrain child malnutrition and lead to effective growth and development of the children is making provision of nursery school education to them. Pre-school education serves as the foundation to make the child realize that outside their home also there is a world, which they have to recognize. Teachers in pre-schools make provision of knowledge to the parents regarding giving to the children adequate nutrition. Knowledge that parents and children acquire through pre-school education would be largely helpful in eliminating the problem of malnutrition amongst the children.
5. The community ownership of management and observation of the schemes should be encouraged that involve Panchayati Raj Institutions (PRIs), other village level committees, and encouragement of participatory planning. In rural areas, the individuals are in a more backward state and are residing in the conditions of poverty as compared to urban areas. In rural areas, Panchayati Raj Institutions and other village level committees, usually get involved to provide solutions to any types of problems. If the problem of malnutrition amongst children is high, then it is up to the Panchayati Raj Institutions and village level committees to provide solutions.
6. Strengthen the focus on improving nutrition through leadership and co-ordination mechanisms with appropriate authority and responsibility. This should work from local to national levels. Leadership and co-ordination mechanisms are considered as essential areas and key factors to make provision of solutions to the problem of malnutrition. The main functions of planning, organizing, coordinating and controlling applies in this case. First, it is vital to analyze the areas that have a high rate of malnutrition amongst the children. Second, measures need to be planned and formulated to provide nutritional foods to them. Third, this job needs to be adequately organized and coordinated. It needs to be ensured that food is unadulterated and properly cooked. Fourth, it needs to be taken care that supplies of food should not remain scarce in any areas, and the provision of foods should be made in accordance to the needs and requirements of the individuals.
7. A program should be implemented that should involve information about national nutrition education and behavioral change. When children are provided with proper diet and nutrition, it not only contributes to their effective growth and development, but they are able to keep themselves calm, possess a pleasant attitude and adequately concentrate on studies. The changes in the behavior comes about, when children are provided with adequate diet and nutrition. On the other hand, the problem of malnutrition leads to distress within their mind-sets and as a result they render a low performance in school and other activities.
8. In the present existence, there has been prevalence of violent and criminal acts against women. These include, verbal abuse, physical abuse, dowry harassment, sexual harassment, rape, acid attacks, torture, pain, domestic violence and so forth. These include married women, unmarried women and even young girls, who are below 18 years of age. Undergoing these types of problems cause malnutrition amongst women and children. Malnourished women would not be able to take care of their children in an adequate manner. Therefore, empowerment of women should be emphasized upon, they should be granted opportunities to encourage themselves, have access to resources and address the socio-cultural patriarchal issues that have affected them.
9. Awareness should be promoted about the infant feeding practices and build capacity of accredited social health activists volunteers as community ambassadors for the rights of women. It is vital for the spouses and other family members to realize that women, should be kept free from any type of strain or pressure. When women live a contented and a happy life, only then they would be able to make provision of healthy and safe living conditions for their children. Women who experience any type of stress would themselves experience the problem of malnutrition and as a result their children would also undergo this problem.
10. In the formulation of national programs and schemes, it is vital, focus should be put upon the nutritional requirements of women and children. These areas should be broadened within the existing national programs. It is vital for the mothers to maintain their weight, especially when they are expecting and consume healthy and a nutritious diet. Within the rural

communities, it is vital to establish health care and medical centers, so that individuals can obtain knowledge and information about meeting their health care requirements and providing solutions to the problem of malnutrition.

Conclusion

The problem of malnutrition amongst the children in India is prevalent especially within the families belonging to poverty stricken, deprived, marginalized and socio-economically backward sections of the society. This problem basically leads to spread of illnesses, diseases and other health problems amongst the children. As a result, they experience many setbacks, such as, unable to concentrate on their studies, low performance in other activities, health problems and deficiency of nutrients. There are numerous causes, these are, health problems, illnesses, infections, low birth weight, maternal schooling, old age, widowhood, living standards, child abuse, infrastructure and infant feeding practices. Curbing this problem is essential for the growth and development of not only the children, but also for the society and the country as a whole. There have been implementation of number of measures, policies and programs that would be beneficial in providing solutions and helping the individuals sustain their living conditions in an efficient manner.

Bibliography

1. Hunger and Malnutrition in India: Status, Causes and Cures. (n.d.). Association of Voluntary Agencies for Rural Development.
2. Child Malnutrition. (n.d.).
3. Svedberg P. Why Malnutrition in Shining India Persists? (2008).
4. Children in India. A Statistical Appraisal (2012).
5. Nair KRG. "Malnourishment among Children in India: A Regional Analysis" (2007).
6. Sood N. Malnourishment among Children in India: Linkages with Cognitive Development and School Participation. National University of Educational Planning and Administration (2010).
7. Panagariya A. "The Myth of Child Malnutrition in India. Columbia University" (2012).
8. Tackling Child Malnutrition (2012).

Volume 3 Issue 9 September 2019

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