

MALNUTRITION – A Man-Made Disease

Ms. DHANYA GEORGE,

Lecturer, Ph.D Scholar

Maniba Bhula Nursing College, Uka Tarsadia University, Gopal Vidyanagar-Tarsadi, Bardoli

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ABSTRACT

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Corresponding Author:

**Dr. Rani Shetty, Dean
&Principal, MBNC, UTU**

Malnutrition is a ‘man-made disease which often starts in the womb and ends in the tomb. India is home to 46.6 million stunted children and more than half of them fall in the severely malnourished category as per Global Nutrition Report. Until the age of five, proper nutrition is the key in establishing a healthy foundation for one’s life span. Malnutrition amongst children under the age of five is a doorway to a life landmarked with cognitive and physical setbacks. Malnutrition refers to the situation where there is an unbalanced diet in which some nutrients are in excess, lacking or wrong proportion. Malnutrition is not due to deficiency of a single nutrient, but is often a result of inadequate intake or poor utilization of food. This leads to various degrees of growth retardation, developmental problems and frequent infections contribute to malnutrition.

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Introduction

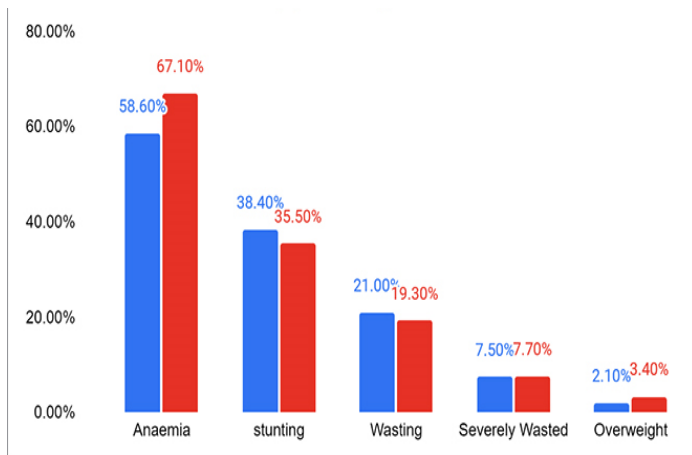
Malnutrition, in all its forms includes undernutrition (wasting, stunting, underweight), inadequate vitamins or minerals, overweight, obesity, and resulting diet-related noncommunicable diseases. It is a condition that results from eating a diet in which nutrients are either not enough to meet the daily requirement, or are too much high than the required. So this type of consumption of diet may leads to poor nourishment in terms of under-nutrition or over nutrition which together we can say malnutrition.

Is Early Nutrition Crucial to a Child’s Proper Development?

The early stage of life is a time of swift mental and physical development. A specifically important window are the first 1000 days of one’s life-starting as a fetus in the womb up until the child’s second birthday. Breastmilk is essential, and has a positive impact on both brain and immune system development. Prevention of malnutrition in children actually starts when the mother will plan for her pregnancy and during antenatal period.

Statistical data of malnutrition according to National Family Health Survey (NFHS) 2019-21

According to the National Family Health Survey (NFHS) 2019-21, the 5th in the series India has seen no



significant improvement in health and nutritional status among her population. The latest data shows, 7.7% of children are severely wasted, 19.3% are wasted and 35.5% are stunted. At the same time, 3.4% children are overweight which was 2.1% in NFHS-4. Anemia among children under-5 has become significantly worse with the current prevalence as 67.1% compared to 58.6% according to NFHS-4. 57% of women of reproductive age are anemic in the country.

Various forms of malnutrition:

There are 4 broad sub-forms of undernutrition: wasting, stunting, underweight, and micronutrient-related malnutrition. Undernutrition makes children in particular much more vulnerable to disease and death.

Wasting : Low weight-for-height is known as wasting. It usually indicates recent and severe weight loss, because a person has not had enough food to eat and/or they have had an infectious disease, such as diarrhea, which has caused them to lose weight.

Stunting : Low height-for-age is known as stunting. It is the result of chronic or recurrent undernutrition, usually associated with poor socioeconomic conditions, poor maternal health and nutrition, frequent illness, and/or inappropriate infant and young child feeding and care in early life.

conditions, poor maternal health and nutrition, frequent illness, and/or inappropriate infant and young child feeding and care in early life. Stunting holds children back from reaching their physical and cognitive potential.

Underweight : Children with low weight-for-age are known as underweight. A child who is underweight may be stunted, wasted, or both.

Micronutrient-related malnutrition : Inadequacies in intake of vitamins and minerals often referred to as micronutrients, can also be grouped together. Micronutrients enable the body to produce enzymes, hormones, and other substances that are essential for proper growth and development.

Scope of the problem

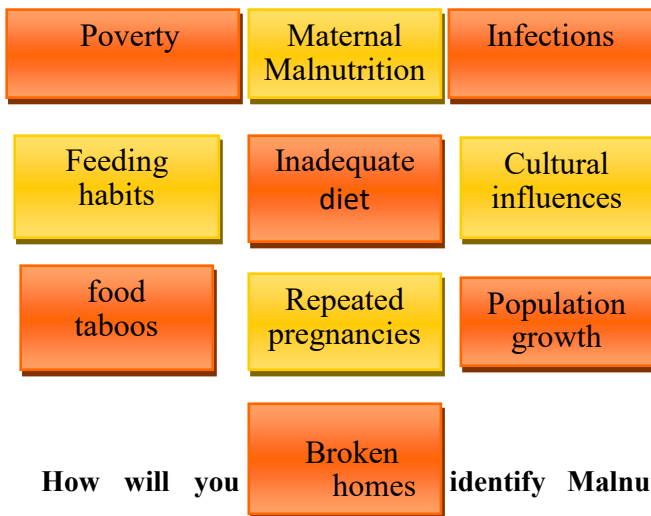
In 2019, approximately 462 million adults worldwide were underweight, while 1.9 billion were either overweight or obese. In 2020, an estimated 155 million children under the age of 5 years were suffering from stunting, while 41 million were overweight or obese. Around 45% of deaths among children under 5 years of age are linked to undernutrition. These mostly occur in low- and middle-income countries.

Focus on India

The prevalence of malnutrition and its detrimental effects on children in India is alarming. In a report published by UNICEF, it was noted that malnutrition was the cause of 69% of deaths of children under the age of five in India, additionally noting that within the under-five age bracket, every second child suffers from some form of malnutrition. Stunting, a major concern for India, can result in irreparable physical damage in children and apart from the physical suffering caused by undernutrition, it is known to deter brain development which in turn results in numerous drawbacks- diminished mental ability and increased risks of nutrition-related chronic diseases.

Causes of Malnutrition

The general causes of Malnutrition are



It can be identified by growth failure, i.e. the child loses the weight, edema, anemia, skin changes such as dry skin, scaly or rough, loss of subcutaneous fat, eye dryness, night blindness, hair become light color and brittle, apathy, soreness of mouth, bowing of legs, frequent episodes of illness.

Efforts and measures to tackle Malnutrition

The different preventive measures at community level are as follows.

Health Promotion: Measures directed to pregnant and lactating women education and distribution of supplements.

Promotion of Breast feeding: Provide exclusive breastfeeding to the child for first 6 months.

Weaning: It will start after 6 months. Weaning can be started with semi solid food and make sure that there is no indigestion related problems.

Good Hygienic practices: Wash hands before preparation and feeding of child. Use separate utensils for children.

Vaccination: Take all vaccinations which included in immunization schedule for under-five children.

Antenatal care: Need proper care during pregnancy.

What can you do to help combat child Malnutrition?

Malnutrition amongst children in India continues to be an endemic issue despite huge improvements in the past few years. With an abundance of resources and rapidly evolving technology, access to proper nutrients for every child seems like a feasible possibility. Children continue to be the world's hope for a brighter, safer future and there must be a global effort in eradicating a problem that stops them from reaching their maximum levels of physical and mental potential.

Government Programmes to treat Malnutrition

The Government of India has launched several programs to converge the growing rate of nutritious children. They include

- ICDS (Integrated child development scheme)
- NCF (National Children's Fund)
- National Health Mission
- Anganwadi Nutritional programme
- Mid-day meal Programme
- Vitamin-A Prophylaxis programme
- Dudh Sanjivani project
- Special Nutritional programme
- Programme for prevention of Iodine deficiency

Govt. of India is providing many nutritional supplements to under-five children through Anganwadi, Schools, PHC, CHC and Subcenters such as Anganwadi / Balwadi Nutritional programme, Mid-day meal Programme, Vitamin A Prophylaxis programme, Dudh Sanjivani project, Special Nutritional Programme etc. We have to make sure that, those provisions are reaching to the children timely and properly. This nutrition to be given to the child only. It should not be shared by other family members.

Poshan Abhiyaan

This programme launched by Prime Minister on 8 March, 2018 from Jhunjhunu in Rajasthan, the **POSHAN (Prime Minister's Overarching Scheme for Holistic Nutrition)** Abhiyaan directs the attention of the country towards the problem of malnutrition and address it in a mission-mode. programme, through use of technology, convergence and community involvement with a targeted approach strives to reduce the level of stunting, under-nutrition, Anemia and low birth weight in children, as also focus on adolescent girls, pregnant women and lactating mothers, thus holistically addressing malnutrition.

UNICEF continues supporting both the central as well as the state governments by implementing essential nutritional programs for children which cover counselling caregivers, monitoring progress in dietary diversity, policy advocacy and communication strategies among others

WHO response

WHO aims for a world free of all forms of malnutrition, where all people achieve health and wellbeing. According to the 2016–2025 nutrition strategy, WHO works with Member States and partners towards universal access to effective nutrition interventions and to healthy diets from sustainable and resilient food systems. WHO uses its convening power to help set, align and advocate for priorities and policies that move nutrition forward globally; develops evidence-informed guidance based on robust scientific and ethical frameworks; supports the adoption of guidance and implementation of effective nutrition actions; and monitors and evaluates policy and programme implementation and nutrition outcomes. This work is framed by the Comprehensive implementation plan on maternal, infant, and young child nutrition, adopted by Member States through World Health Assembly resolution in 2012.

World Health Assembly resolution in 2012. Actions to end malnutrition are also vital for achieving the diet-related targets of the Global action plan for the prevention and control of noncommunicable diseases 2013–2020, the Global strategy for women's, children's, and adolescent's health 2016–2030, and the 2030 Agenda for sustainable development.

Conclusion

Today's child is tomorrow's citizen. Each child's health start from mother's nutrition during pregnancy. That will reflect in their normal growth and development. So proper antenatal care including nutritious rich diet is very important.

“Teach a mother to be healthy and she will teach to rest of the mankind.”

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