

# [Good undernutrition puts children at greater risk of](https://assignbuster.com/good-undernutrition-puts-children-at-greater-risk-of/)

[Nutrition](https://assignbuster.com/essay-subjects/nutrition/)

Good nutritionis the ground zero of child survival, growth, health and development. Well-nourished children are better able to growand learn, to participate in and contribute to their communities, and to beresilient in the face of disease, disasters, and other global crises. Malnutrition causes the unnecessary loss ofabout 3 million young lives a year. Undernutrition puts children at greaterrisk of dying from common infections, increases the frequency and severity ofsuch infections, and contributes to delayed recovery. In addition, theinteraction between undernutrition and infection can create a potentiallylethal cycle of worsening illness and deteriorating nutritional status.

Poornutrition in the first 1, 000 days of a child’s life can also lead to stuntedgrowth, which is irreversible and associated with impaired cognitive abilityand reduced school and work performance. (UNICEF)India has made some impressiveachievements with accelerated economic development in the global scene in last3 decades. In the same breadth, it is widely accepted fact that India is one ofthe major contributors amongst the worst child malnutrition affected countries. The picture is even worse than some of the sub-Saharan countries with less percapita income. The progress made to change this is none to negligible.

One of the prominent illustrations on thismatter is in The Economist magazine, which stated in an article in its 23September 2010 edition, “ Nearly half of India’s small children aremalnourished: one of the highest rates of underweight children in the world, higher than most countries in sub-Saharan Africa. More than one-third of theworld’s 150 malnourished under-fives live in India.” (Panagariya, 2013). Over50 per cent children under five years of age are anaemic in West Bengal, as perthe latest National Family Health Survey (NFHS-4 for 2015-16) data. “ In WestBengal, though the number of children under five years of age suffering fromanaemia decreased by seven per cent points over the last decade (from 61 percent in 2005-06 to 54. 2 per cent in 2015-16), one in every two children isstill anaemic,”.

(PTI, 2016)Withthese grim premises we set our tone to discuss about child malnutrition, lowbirthweight- major child health issues and immunization. Nutrition is themechanism for physical and mental growth along with build-up of internaldefence system for the child’s body to fight diseases. Even moderatelymalnourished children are also at high risk to get affected by the highlyinfectious diseases. In the Millennium Development Goals (MDGs), underweighthas been adopted as a key indicator of poverty and hunger. In addition, improved nutrition can help in reaching the MDGs by contributing to theachievement of universal primary education, reducing child mortality.

Asper WHO guidelines the following indicators are to be evaluated to monitormalnutrition. i)Age ii) Weight iii) Height (length supine for children aged less than 2 years, Heightstanding for children aged more than 2 years)Theprevalence of stunting has fallen largely. In India and Bangladesh, more than40 per cent of children are underweight.                           Child stunting: Numbers and prevalence by country Country Stunting Wasting Underweight India 48 20 43 Nepal 49 13 39 Bangladesh 43 17 41 Pakistan 42 31 14 Srilanka 17 15 21                                        Source: Unicef 2013 Malnutritionestablishes its root at a very early stage of life. The mean weight and heightis already very low at birth for Indian children compared to the healthypopulation. And the situation deteriorates very progressively through the firsttwo years of life.

The critical part to prevent malnutrition is beforepregnancy till first two years of the child’s life.  Most of these problemsoccur due to inadequate care during the antenatal period and during labour. Inadequate care immediately after birth and inadequate care of LBW infantswithin the first 48 hours contribute to the rest.  Beyond the phase of infancy, immunization becomes critical in warding off potentially fatal conditions. Immunization is one of the most cost-effective interventions to prevent thesuffering that comes from avoidable sickness, disability and death.

Thebenefits of immunization are not restricted to improvements in health and lifeexpectancy but also have social and economic impact at both community andnational levels. An effective, evenly targetedimmunization programme and its ability to reduce the burden ofvaccine-preventable diseases (VPDs) will greatly contributed in achieving theMillennium Development Goal 4 (MDG4) that aims for a two-third reduction inchild mortality by 2015. India has the largest number of birthsin the world – more than 26 million a year – and also accounts for more than 20per cent of child mortality worldwide. Though some improvement has taken placein the past few years, the country still accounts for the large number ofchildren who are not immunized. Some of the challenges to immunization includelimited capacities of staff, particularly in poor-performing states  India also still lacks a powerful systemto track vaccine-preventable diseases. Vaccination coverage varies considerablyfrom state to state.

Differences in uptake are geographical, regional, casteand religion, rural-urban, poor-rich and gender-related. On average, girlsreceive fewer immunizations than boys and higher birth order infants have lowervaccination coverage. (Unicef)Among the demand-side factors, birthplace of thechild and religion of the household heads came out as significant predictorswhile, from the supply-side, availability of male health workers and equipmentat the sub centres, were the important determinants for month-specific vaccinecoverage. Hence, there should be a vigorous attempt to make more focusedplanning, keeping in mind the nature of the barriers, for improvement of themonth-specific coverage in West Bengal.(Dutta, 2013).

5. 2 Data Sourcesand Methodology: 5. 2.

1Data Sources: This chapteris based exclusively on the secondary data. District Level Household andFacility Survey 4 factsheet and unit level data are used. For calculatingdeterminant of full immunisation in West Bengal a sample of 1662 children ofage group 12 years to 23 years are taken. For determining the factorsresponsible for child low birthweight 6, 224 children of 0 years to 5years agedare the sample. 5. 2. 2 Methodology: A standard of living index is constructed with the householdassets, which represents the economic status of the household.

Unit level data of child immunisation and ClinicalAnthropometric Biochemical Test (CAB) data are merged with the common primarykey of reproductive women to calculate the Body Mass Index (BMI) of the mother.  BMI is a person’s weight in kilograms (kg)divided by his or her height in meters squared. The National Institutes ofHealth (NIH) now defines normal weight, overweight, and obesity accordingto BMI. BMI = masskg /heightm2  The determinants of child’s full immunisation have beenexplored using the Binary Logit model and the responsible factors for lowbirthweight of child are determined by a binary Probit model (details inchapter 3).      5.

3Nutritional StatusImprovingthe health status and reducing inequalities in the health sector have become a priorityof some premier international organizations, including World HealthOrganisation and World Bank. Since 1997, the World Bank’s top priority onhealth sector is “ to work with countries to improve the health, nutrition, andpopulation outcomes of the world’s poor and to protect the population from the impoverishingeffects of illness, malnutrition and high fertility”. Though outcomes in thementioned domains, have improved over time but inequality still persists ingender, caste, income, education and geography. The socio-political-economicsystem influences the institutional structure determining the health of thepopulation. In order to ensure equity in access to health care, it requiresovercoming those several factors in delivery of services, financial factors andthe main target should be the vulnerable groups. Childmalnutrition has a positive impact on child mortality.

Deprivation in childhoodmakes physical and mental damages. According to united nation’s 2006 report, India has the largest number of undernourished people in the world and one ofthe highest levels of child malnutrition. The prevalence of underweight ishighest among the children in India. With the staggering statistics it isamongst the highs in the world. The existing literature shows the importance ofcommunity level education, mother’s exposure to mass media, use of pit toilet, basic sanitation, access to clean water, health expenditure and health careservices. These were determined as significant causes of infant and childmortality and malnutrition in IndiaTheprevalence of under nutrition is a major obstacle to human development andeconomic growth of any developing country, especially among the poor and thevulnerable, where the prevalence of malnutrition is highest.

Keeping this inmind the attempt is to describe the situation of child under nutritionalstatus.