

Good undernutrition
puts children at
greater risk of

[Nutrition](#)



Good nutrition is the ground zero of child survival, growth, health and development. Well-nourished children are better able to grow and learn, to participate in and contribute to their communities, and to be resilient in the face of disease, disasters, and other global crises. Malnutrition causes the unnecessary loss of about 3 million young lives a year. Undernutrition puts children at greater risk of dying from common infections, increases the frequency and severity of such infections, and contributes to delayed recovery. In addition, the interaction between undernutrition and infection can create a potentially lethal cycle of worsening illness and deteriorating nutritional status.

Poor nutrition in the first 1,000 days of a child's life can also lead to stunted growth, which is irreversible and associated with impaired cognitive ability and reduced school and work performance. (UNICEF) India has made some impressive achievements with accelerated economic development in the global scene in last 3 decades. In the same breadth, it is widely accepted fact that India is one of the major contributors amongst the worst child malnutrition affected countries. The picture is even worse than some of the sub-Saharan countries with less per capita income. The progress made to change this is none to negligible.

One of the prominent illustrations on this matter is in The Economist magazine, which stated in an article in its 23 September 2010 edition, "Nearly half of India's small children are malnourished: one of the highest rates of underweight children in the world, higher than most countries in sub-Saharan Africa. More than one-third of the world's 150 malnourished under-fives live in India." (Panagariya, 2013). Over 50 per cent children under <https://assignbuster.com/good-undernutrition-puts-children-at-greater-risk-of/>

five years of age are anaemic in West Bengal, as per the latest National Family Health Survey (NFHS-4 for 2015-16) data. “ In West Bengal, though the number of children under five years of age suffering from anaemia 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 is still anaemic,”.

(PTI, 2016) With these grim premises we set our tone to discuss about child malnutrition, low birth weight- major child health issues and immunization. Nutrition is the mechanism for physical and mental growth along with build-up of internal defence system for the child's body to fight diseases. Even moderately malnourished children are also at high risk to get affected by the highly infectious diseases. In the Millennium Development Goals (MDGs), underweight has been adopted as a key indicator of poverty and hunger. In addition, improved nutrition can help in reaching the MDGs by contributing to the achievement of universal primary education, reducing child mortality.

As per WHO guidelines the following indicators are to be evaluated to monitor malnutrition. i) Age ii) Weight iii) Height (length supine for children aged less than 2 years, Height standing for children aged more than 2 years) The prevalence of stunting has fallen largely. In India and Bangladesh, more than 40 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
Sri Lanka	17	15	21

Source: Unicef

2013 Malnutrition establishes its root at a very early stage of life. The mean

weight and height is already very low at birth for Indian children compared to the healthy population. And the situation deteriorates very progressively through the first two years of life.

The critical part to prevent malnutrition is before pregnancy till first two years of the child's life. Most of these problems occur due to inadequate care during the antenatal period and during labour. Inadequate care immediately after birth and inadequate care of LBW infants within 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 the suffering that comes from avoidable sickness, disability and death.

The benefits of immunization are not restricted to improvements in health and life expectancy but also have social and economic impact at both community and national levels. An effective, evenly targeted immunization programme and its ability to reduce the burden of vaccine-preventable diseases (VPDs) will greatly contribute in achieving the Millennium Development Goal 4 (MDG4) that aims for a two-third reduction in child mortality by 2015. India has the largest number of births in the world – more than 26 million a year – and also accounts for more than 20 per cent of child mortality worldwide. Though some improvement has taken place in the past few years, the country still accounts for the large number of children who are not immunized. Some of the challenges to immunization include limited capacities of staff, particularly in poor-performing states. India also still lacks

a powerful system to track vaccine-preventable diseases. Vaccination coverage varies considerably from state to state.

Differences in uptake are geographical, regional, caste and religion, rural-urban, poor-rich and gender-related. On average, girls receive fewer immunizations than boys and higher birth order infants have lower vaccination coverage. (Unicef) Among the demand-side factors, birthplace of the child and religion of the household heads came out as significant predictors while, from the supply-side, availability of male health workers and equipment at the sub centres, were the important determinants for month-specific vaccine coverage. Hence, there should be a vigorous attempt to make more focused planning, keeping in mind the nature of the barriers, for improvement of the month-specific coverage in West Bengal. (Dutta, 2013).

5. 2 Data Sources and Methodology: 5. 2.

1 Data Sources: This chapter is based exclusively on the secondary data. District Level Household and Facility Survey 4 factsheet and unit level data are used. For calculating determinant of full immunisation in West Bengal a sample of 1662 children of age group 12 years to 23 years are taken. For determining the factors responsible for child low birthweight 6, 224 children of 0 years to 5 years aged are the sample. 5. 2. 2 Methodology: A standard of living index is constructed with the household assets, 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. $BMI = \text{masskg} / \text{heightm}^2$ 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 childhood makes physical and mental damages. According to United Nations' 2006 report, India has the largest number of undernourished people in the world and one of the highest levels of child malnutrition. The prevalence of underweight is highest among the children in India. With the staggering statistics it is amongst the highs in the world. The existing literature shows the importance of community level education, mother's exposure to mass media, use of pit toilet, basic sanitation, access to clean water, health expenditure and health care services. These were determined as significant causes of infant and child mortality and malnutrition in India. The prevalence of under nutrition is a major obstacle to human development and economic growth of any developing country, especially among the poor and the vulnerable, where the prevalence of malnutrition is highest.

Keeping this in mind the attempt is to describe the situation of child under nutritional status.