

Unemployment : Malnutrition Socio-economic perspective (With special reference to Tumkur District)

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ABSTRACT

India is one of the country to have about one-third of malnourished children in the world in the early 2000s. According to the World Health Organization (WHO), malnutrition is the greatest threat to global public health. The National Family Health Survey (2005-06) results that child malnutrition rates in India is high. Some of the major effects of malnutrition are, weakness, recurring illness, delayed physical and mental development, irritability, low weight for age, poor learning ability, poor appetite stunting height for age, poor performance at school in terms of academics and sports. The present paper analyses the status of malnutrition, its causes and effects on the rural society. The study is based on both Primary and Secondary data. The objectives of the study are :- (i)To analyse the status of malnutrition in the research area. (ii)To study the problems and causes for Malnutrition. (iii)To understand the impact of Malnutrition. (iv) To examine the schemes and Programmes of the Government Agencies. The size of the study is 67 respondents from Pavagada Taluk of Tumkur District in Karnataka . The present study reveals that 82% of the people are seasonal farmers which indicates that they are unemployed throughout the year due to which the income is low. This leads to the poverty and further incapability to buy nutritious food grain and medicines which finally leads to malnutrition.

Keywords: Malnutrition; Hunger, Causes, Effects, Poverty, Unemployment,

INTRODUCTION

Today's Healthy children builds tomorrow's healthy nation. Nutritioned and healthy children perform better in school, grow into healthy adults and in turn give their children a better start in life. Child deaths are hurtful and it gets worse when it occurs due to preventable deceases. The World health organization (WHO) mentioned that 5.9 million children under the

age of 5 years died in 2015. Major causes of death in children under 5 years are premature birth complications, diarrhea, pneumonia, and malaria. About 45% of all child deaths are linked to malnutrition. The main organization UNICEF have confirmed that the 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.

According to the Hunger and Malnutrition survey (2011) conducted by the Nandi Foundation, 42 % of Indian children under 5 years old are underweight - almost double the rate of sub-Saharan Africa. In spite of India's 50% increase in the *Gross domestic product* (GDP) since 2013, more than one-third of the world's undernourished children live in India, a developing nation. Of these, more than half of the children under three years old are underweight (Singh et al., 2019). Besides, nutrition-deficient individuals are less productive at work. Low or less productivity not only gives them low pay that traps them in a dangerous circle of under-nutrition but also brings inefficiency to the society, especially in India where labor is a major input factor for economic production.

BACKGROUND OF THE STUDY

The Global Hunger Index (GHI) (2019) report ranked India 102nd out of 117 countries with a severe issue of child wasting. Almost one in five children under the age of five years in India is wasted (Kumar and Gautam, 2022). According to Global Hunger Index (GHI) Report (2017) by International Food Policy Research Institute (IFPRI), India ranked 100th of 118 countries with a severe hunger situation (Singh et al., 2021).

The first phase of the National Family Health Survey (NFHS)-5, conducted in 17 states out of 28 states and five Union Territories (UTs) of 8 UTs in 2019, it shows a worsening performance in all the parameters in terms of malnutrition. The data reveals an increase in child wasting (low weight for height) in states like Telangana, Bihar, Kerala, and Assam, compared to the previous round of the same survey in 2015-16.

According to UNICEF, malnutrition plays a major contributor to the disease burden in developing countries like India and a predominant risk factor for death of the children less than 5 years of age (Kumar & Gautam, 2022). It is evident from the government data that many

children are unable to get the nutrition they need due to which malnutrition, undernutrition and rising overnutrition are still pressing issues in the country. In March 2022, the Ministry of Women and Child Development (MWCD) mentioned that the country has 10 lakh children with Severe Acute Malnutrition.

According to the Ministry of Women & Child Development. Government of India, Annual Report (2018), India is the fastest-growing countries in context of population and economics, at a population of 1.365 billion and growing at the rate of 17.70% (2011 census). As per the Census report, the percentage of population living Below Poverty Line is 27.5%, its economic growth indicates new opportunities and a movement towards an increase in the prevalence of chronic diseases which is observed in at high rates in developed countries such as the Canada, United States, and Australia. The combination of people living in poverty and the recent economic growth of India has led to the emergence of two types of malnutrition: undernutrition and overnutrition.

Effects Of Malnutrition in India

Lower income families are more likely to be affected by malnutrition due to undernutrition. malnutrition increases costs for health care, reduces productivity both economically and socially & morale, and slows economic growth, which can be linked to the cycle of unemployment and poverty.

- **Delay in Development:** Undernutrition or malnutrition can impair a child's physical and mental development. Severe Cognitive impairment resulting from malnutrition may result in diminished productivity in academic performance and in sports performance as well.
- **Increased risk to diseases:** Undernutrition increases the risk of infectious diseases, water borne, faecal borne diseases like diarrhoea, measles, malaria and pneumonia.
- **Affects Maternity health:** Undernutrition due to low income puts women at a greater risk of pregnancy and periods complications and may lead to death (Maternal Mortality)
- **Low socio-economic development:** Widespread malnutrition and undernutrition greatly impedes a country's socioeconomic development and potential to reduce poverty.

Government Schemes to Tackle Malnutrition

- **National Health Mission (NHM)** was launched by the government of India in 2013. It is implemented by the Ministry of Health & Family Welfare. It was further extended in March 2018, to continue till March 2020. The main components of the mission included health system strengthening in rural and Communicable and Non-Communicable Diseases.
- **Integrated Child Development Services (ICDS) Scheme** It is being implemented by the Ministry of Women and Child Development. It provides services like pre-school non-formal education, supplementary nutrition, immunization, nutrition & health education, health checkup and referral services.
- **National Nutritional policy 1993** was established by the Ministry of Women and Child Development. The goal of NNP was a multi-sectoral strategy for eradicating malnutrition and achieving optimum nutrition for all.
- **Mid Day Meal Scheme** It was implemented in 1995 as a centrally sponsored scheme. The Mid Day Meal Scheme is implemented by the HRD Ministry's Department of School Education and Literacy. It provides that every child within the age group of six to fourteen years studying in **classes I to VIII** attends the school will be provided with a **hot cooked meal**, free of charge every day except on school holidays.
- **Indira Gandhi Matritva Sahyog Yojna (IGMSY)** It is being implemented by the Ministry of Women and Child Development. The scheme has the goal to contribute to a better enabling environment by giving cash incentives for improved health and nutrition to lactating and pregnant mothers.
- **POSHAN Abhiyaan or National Nutrition Mission** seeks to ensure a **“malnutrition free India” by 2022**. POSHAN Abhiyaan is a India's flagship program, improving nutritional outcomes for children, adolescents, pregnant women and lactating mothers, is a step in the right direction. It requires a long-term investments in sanitation, health, and nutrition in preventing deaths due to severe acute malnutrition.

REVIEW OF LITERATURE

Chakrabarti, (2019). On the Global Hunger Index India is in place 67 among the 80 nations having the worst hunger situation which is worse than nations such as North Korea or Sudan. 25% of all hungry people worldwide live in India. Since 1990 there have been some improvements for children but the proportion of hungry in the population has increased. In India 44% of children under the age of 5 are underweight. 72% of infants and 52% of married women have anemia. Research has conclusively shown that malnutrition during pregnancy causes the child to have an increased risk of future diseases, physical retardation, and reduced cognitive abilities.

Kumar & Gautam, (2022). An estimated 23.6% of the population of India lives below a purchasing power of \$1.25 a day. This poverty does not directly lead to malnutrition but it leaves a large number of the population without adequate amounts of food. This makes a lack of access to food since people are too poor to go out and purchase it. According to the Registrar General of India, the mortality of children under the age of five was about 59 out of every 1000 live births which is one of the highest rates in the world

Grantham-McGregor (2008). Severe malnutrition concluded that school-age children who suffered from early childhood malnutrition generally have poor IQ levels, school achievement and greater behavioral problems than matched controls, and to lesser extent siblings. If proper nutrition interventions are not delivered to children before the age of 24 months, they could suffer irreversible damage into their adult life and to subsequent generations. Recent research shows that the period from pregnancy to 24 months is the most critical period and hence offers a window of opportunity for the delivery of nutrition interventions.

Katona et al., (2020). Nutrition deficiencies affect long-term damage to both individuals and society i.e., both economic and social aspect. Compared with their better-fed peers, nutrition-deficient individuals are more likely to have infectious diseases such as pneumonia and tuberculosis, which lead to a higher mortality rate.

OBJECTIVES

1. To analyse the status of malnutrition in the research area.

2. To study the problems and causes for Malnutrition.
3. To understand the impact of Malnutrition.
4. To examine the schemes and Programmes of the Government Agencies.

METHODOLOGY

The present study is based on both primary and secondary data. The primary data is collected from the Pavagada taluk of Tumkur district with the following objectives. (i)To analyse the status of malnutrition in the research area. (ii)To study the problems and causes for Malnutrition. (iii)To understand the impact of Malnutrition. (iv) To examine the schemes and Programmes of the Government Agencies. The research methodology followed in the present study was descriptive research. A simple random sampling technique is adopted in the paper to select the sample respondents. The source of data is the primary research done by conducting questionnaire and survey of the targeted individuals. The targeted sample size was 67 from Pavagada Taluk of Tumkur District . The present study is irrespective of Class and Caste.

RESULT AND FINDINGS

Poverty :- Poverty is considered to be one of the most serious causes, when people dwell in poverty, they are in the destitute condition and do not have resources to make provision of healthy food and nourishment for their families. Though poverty alone does not lead to malnutrition, it affects the availability of adequate amounts of nutritious food for the most vulnerable populations. If we analyse the below table, 65.67% of the people have below 2 Acres of land which indicates that people are poor and unable to buy the land. 20% of the people have 2-5 Acres of land , only 8.95% of the people have above 5 Acres of land which indicates that in research area, the percentage of rich people is very less (8.95). The social problems like Unemployment, financial insecurity, natural disasters, Agricultural backwardness, Excessive rains and droughts, famine lead to poverty.

Particulars		No. of respondents	Percentage (%)
Have Land	Below 2 Acres	44	65.67
	2-5 Acres	14	20.89
	Above 5 Acres	06	8.95

Landless	03	4.47
Total	67	100.00

Illiteracy :- Another major factor for malnutrition is illiteracy, when people do not have awareness and knowledge that healthy food is essential for their survival and growth then they suffer from this mala- dy; they tend to consume unhealthy food items and deprive themselves to basic nutritional requirements. Illeteracy is the indicator of the malnutrition. Illeterates are unable to gauge the Skill, Knowledge, Information and awareness about the malnutrition and government schemes and programmes based on that. It is like the saying Eventhough they have eyes, they are blind. The below table shows that 32.83% of the people are illiterates, 47.76% of the people have studied primary education, 17.91 % of the people have done their high school, only 01.49 % people have completed their degree and none of them have comleted the technical education. This shows that people don't have much knowledge. So they are unaware of the schemes and programmes implemented by the government.

Particulars		No. of Respondents	Percentage (%)
Illiterates		22	32.83
Literates	Primary Education	32	47.76
	High School	12	17.91
	Degree	01	01.49
	Technical Education	00	00.00
Total		67	100.00

Unemployment : When individuals are unemployed, they are jobless, this is also one of the most serious causes, when people do not have a source of income, they cannot afford to provide essential nourishment to their families; every individual needs money to buy food. If we analyse the types of farmers in the present research area, we will observe Big farmers (8.95%), Small farmers (20.89 %), Marginal Farmers (65.67 %). The study revealed that 82% of these farmers are seasonal Employees in the Agricultutral field. They get work only for 3 months. The Seasonal Employees are the indicator of Unemployment . Hence, the farmers get

insufficient income for their livelihood. Therefore, this leads to Malnutrition. If we examine the role of Government schemes like MGNREGA in the employment opportunities in the research area, study reveals that for 100 mandays for each household in financial year, scheme provides only 10% i.e., 10 mandays. This is mainly because of the improper implementation by the rural local self governancy.

Buying of the Food grains :- During famine situation the unorganising sector people were facing difficulties even in buying food grains (Rice, Ragi, wheat) because of the unemployment, no source of income. 33% of the respondents were capable of buying food grains. 67% of the respondents were incapable of buying the food grains.

Particulars	Percentage(%)
Capable of buying	33
Incapable of Buying	67
Total	100

Buying of Medicines :- Majority of the respondents were not able to buy medicines during due to the unemployment. The respondents became unhealthy due to lack of medicines which ultimately led to poverty. 27 % of the respondents were capable of buying the medicines and 73% of the respondents were not capable of buying the medicines .

Particulars	Percentage(%)
Capable of Buying	27
Incapable of buying	73
Total	100

Barriers to health services include – According to the primary data collected and analyse it, the study shows 20% people go to nearby village level unauthorised private clinic where there is no proper treatment, no proper health care facilities. The study examines that 81% of the people agree that the Government PHCs are not implemented properly like lack of medicines, expert doctors and bed. Eventhough there is good treatment in the cities (outskirts of the village) they are unable to visit those higher hospitals due to High cost of care. If we

analyse the status of health insurance in the research area, 92% of the people have no insurance coverage as they are aware of it due to illiteracy. Lack of availability of services.

Lack of availability of safe drinking water- In the Tumkur district, fluoride content in water is more in 3 taluks like Pavagada, Madhugiri and Sira. Among these 3 taluks, the research area i.e., Pavagada stand first by having above 7 ppm fluoride content in drinking water (NHFM Survey report). 68% of the people in the research area are not getting safe drinking water which causes various diseases because of high fluoride content. Eventhough the government schemes have been implemented for water filtration, 63% of the people says that these schemes lack proper implementation, Monitoring and Evaluation by the concerned higher authorities. This hinders proper digestion and assimilation of food and also cause water and food borne diseases.

Poor sanitation – This aspect of poor sanitation plays a major role in causing disease and thereby lead to malnutrition. It is linked to transmission of water- borne and fecal – borne diseases and as well as the communicable diseases caused due to mosquitoes such as diarrhea, cholera, dysentery, hepatitis A, typhoid and polio and exacerbate stunting. Construction and usage of toilets is also main factor for poor sanitation. Poor sanitation and environmental conditions lead to spread of many diseases that sap children’s energy and stunts their growth. The study analyzes that in Pavagada Taluk, even though there is 77% of toilets are constructed, only 28% of it is used by people. In the research area, usage of toilets are not upto the mark to SBM . Though the household toilets have been constructed, usage of that toilets is less, detailed in the Table as shown below.

The research area have not improved as per target due to lack of awareness of people on sanitation and hygiene through the information, education and communication(IEC). IEC activities includes wall writing, wall painting, interpersonal communication including electronic medias. These IEC activities are not conducted properly by both the gram panchayats.

Table - Percentage status of usage of household toilets

	Number of respondents	Number of household toilets constructed(%)	Usage of household toilets (%)
Pavagada Taluk	67	77%	28%

CONCLUSION

The brightest nation depends upon the healthy children. The present scenario of Malnutrition in the area of economic growth, health and nutrition indicates that the country is undergoing swift socioeconomic, demographic, nutritional and health transitions. Unfortunately under nutrition continues to be gradually high in India.. A number of investigators have analyzed the NFHS data on child malnutrition to understand the determinants of malnutrition. Thus the Targeted interventions should be designed to reduce prevalence of LBW in addition to improving mother's education on intake of Nutrient and feeding practices and improve other socio-demographic conditions. Physical and cognitive development primarily held upon the nutrient intake of mother Using NFHS-2 data, a multivariate analysis of the effects of selected demographic and socio-economic factors on child malnutrition by Mishra et al (1999) indicates that the strongest predictors of child malnutrition are a child's age, the child's birth order, the mother's education and the household's standard of living. Bringing changes in National level target settings for the reduction of Malnutrition. The professional social worker plays primary role in the screening, sensitizing, counseling, networking and brings changes for the healthy nation.

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