

Hunger and Malnutrition in Children

Dr. Shweta Katti

Deptt. of Sociology, Gulbarga University, Kalaburgi

Abstract

Everyone feels hungry at times. Hunger is the body's signal that it needs food. Once we've eaten enough food to satisfy our bodies' needs, hunger goes away until our stomachs are empty again. Malnutrition is not the same thing as hunger, although they often go together. People who are chronically malnourished lack the nutrients needed for proper health and development. Someone can be malnourished for a long or short period of time, and the condition may be mild or severe. People who are malnourished are more likely to get sick and, in severe cases, might even die. Chronic hunger and malnutrition can cause significant health problems. People who go hungry all the time are likely to be underweight, weighing significantly less than an average person of their size. If malnourished as a child, their growth may also be stunted, making them much shorter than average.

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Dr. Shweta Katti

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Introduction

Definition

Malnutrition is the condition that develops when the body does not get the right amount of the **vitamins**, minerals, and other nutrients it needs to maintain healthy tissues and organ function.

Under nutrition

Malnutrition occurs in people who are either undernourished or over nourished. Under nutrition is a consequence of consuming too few essential nutrients or using or excreting them more rapidly than they can be replaced.

Over Nutrition

In the United States, nutritional deficiencies have generally been replaced by dietary imbalances or excesses associated with many of the leading causes of death and disability. Over nutrition results from eating too much, eating too many of the wrong things, not exercising enough, or taking too many vitamins or other dietary replacements.

Instead of using the community self-help groups for providing hot cooked meals at *anganwadis*, in May 2007, the government of Karnataka entered a contract with a Tamil Nadu-based private company, Christy Fried gram Industry, for supplying packaged food. Since then, children attending *anganwadis* are being given packets of dry food mixture to which hot water is added before consumption. NGOs working with *anganwadis* say children detest this food. At many of the *anganwadis*, children complained of stomach pain, diarrhoea, nausea, vomiting and headache after consuming the food. "People there are digging pits and throwing food into it because there was so much supply and the children would not eat it. The *anganwadis* cannot refuse to take the food from the suppliers," NGOs associated with the Right to Food Campaign wrote letters to the Karnataka High Court in 2011, highlighting the state of malnourished children in the state and the court took notice of that and the petition was filed in court on October 2011.

Background

Hunger is synonymous with poverty and both are inseparably linked. Access to food and improved nutrition constitutes an undeniable basic human right and one of the central goals of development processes aiming Reduction of poverty and inequality. This stems from the premise that poverty is multi-dimensional and

manifested in many other forms besides the inadequacy of income or consumption. The lack of access to basic services, illiteracy, and child malnutrition are all multifaceted manifestations of poverty. This apart, malnutrition is also strongly related to income-poverty as well. Low incomes constrain the availability of adequate nutrient intake, which in turn causes malnutrition (Behrman and Deolalikar, 1988; Strauss and Thomas, 1995). Reducing malnutrition is thus central to the notion of reducing poverty itself. Malnutrition is a global public health and development concern with important health and socioeconomic consequences. Particularly important in this context is the aspect of child undernourishment or malnutrition.

Causes and symptoms

Poverty and lack of food are the primary reasons why malnutrition occurs in the United States. 10% of all members of low income households do not always have enough healthful food to eat. There is an increased risk of malnutrition associated with chronic diseases, especially disease of the intestinal tract, kidneys, and liver.

Unintentionally losing 10 pounds or more may be a sign of malnutrition. People who are malnourished may be skinny or bloated. Their skin is pale, thick, dry, and bruises easily. Rashes and changes in pigmentation are common. Hair is thin, tightly curled, and pulls out easily. Joints ache and bones are soft and tender. The gums bleed easily. The tongue may be swollen or shriveled and cracked. Visual disturbances include night blindness and increased sensitivity to light and glare.

Diagnosis

Overall appearance, behavior, body-fat distribution, and organ function can alert a family physician, internist, or nutrition specialist to the presence of malnutrition. Patients may be asked to record what they eat during a specific period. X rays can determine bone density and reveal gastrointestinal disturbances, and heart and lung damage. Blood and urine tests are used to measure the patient's levels of vitamins, minerals, and waste products.

Treatment

Normalizing nutritional status starts with a nutritional assessment. This process enables a clinical nutritionist or registered dietician to confirm the presence of malnutrition, assess the effects of the disorder, and formulate diets that will restore adequate nutrition. Patients who cannot or will not eat, or who are unable to absorb nutrients taken by mouth, may be fed intravenously (parenteral nutrition) or through a tube inserted into the gastrointestinal (GI) tract (enteral nutrition).

Prevention

Breastfeeding a baby for at least six months is considered the best way to prevent early-childhood malnutrition. The United States Department of Agriculture and Health and Human Service recommend that all Americans over the age of two; Consume plenty of fruits, grains, and vegetables. Eat a variety of foods that are low in fats and cholesterol and contain only moderate amounts of salt, sugars, and sodium. Engage in moderate physical activity for at least 30 minutes, at least several times a week. Achieve or maintain their ideal weight. Use alcohol sparingly or avoid it altogether.

Literature Review

India provides an interesting instance to investigate the poverty-undernourishment linkage on a number of counts. Even as, the country has achieved commendable achievements since Independence in population health manifest in significant reduction of total fertility rate, infant and child mortality and maternal mortality ratios, increase in life expectancy and improved coverage of vaccination and prevention against communicable diseases (Peters et. al. 2002) and simultaneously chartered a faster trajectory of economic growth, it has failed in achieving the desired targets in health outcomes. Rampant under nourishment among children remains an important hurdle Impeding achievement of the MDGs (World Bank 2004). Estimates put the number of children below age three who are underweight at a staggering 37 million (Nair 2007). It has been rather slow and still continues to be at a very high absolute level. In 2005-06, more than a third of the children under age three are stunted, while almost half are underweight. Further more than 15 % of the children are severely stunted and underweight, one of the highest in the developing world. Similar to countries in Sub-Saharan Africa, Protein-Energy Malnutrition (PEM) is the predominant form of malnutrition in India too (World Bank 1998), which primarily originates from calorie deprivation. Strongly linked to household food insecurity with its roots in poverty, the available estimates of nutritional intake in India in terms of the calorific requirement norms bear evidence to this fact. According to the latest available data on household nutrition and consumption, average daily calorie intake stands at 2047 kcal in rural areas and 2020 kcal in urban areas as against the prescribed norms of 2700 kcal. Further, 66 % of the population in rural areas and 70% in urban areas are deprived of the above nutritional standard (NSSO 2007).

Gender and Age;

That boys are more active than girls is a common observation and evidence to support this is provided by a number of studies in school-aged children (Inchley et al. 2005; Henning Brodersen et al. 2007; Riddoch et al. 2007). In addition to gender, age is also found to affect activity levels, with the majority of research indicating that activity levels decline as children get older. In the *Health Behaviour in Teenagers Study*, the number of days of vigorous physical activity per week fell over the 5-year study period, and more so in girls than in boys

Conclusion

This study has been able to determine that childhood malnutrition is spatially structured and rates remain very high in the provinces, Malnutrition is globally the most important risk factor for illness and death, contributing to more than half of deaths in children worldwide; The World Health Organization estimates that by the year 2015, the prevalence of malnutrition will have decreased to 17.6% globally from 1990 levels, with 113.4 million children younger than 5 years affected as measured by low weight for age. The overwhelming majority of these children, 112.8 million, will live in developing countries with 70% of these children in Asia. This study examined the profile of malnourished child family status, socio-economic condition, and positive deviance practice of the community, to the extent of malnutrition among children under the age of five in India and the linkage between poverty and socioeconomic inequality and under nutrition. The results highlight the centrality of poverty in influencing on malnutrition outcomes and also in explaining the observed disparity in malnutrition among the population groups. That the poor and the vulnerable sections of the Indian population shoulders the disproportionate burden of child malnutrition is one of the key finding, arrived at apart from poverty and socioeconomic inequality, the sublime importance of other proximate determinants and program outreach is underscored in the emerging results, notably maternal education and improved access to maternal and child health care reducing the incidence of low birth weight babies being born.

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