



Health and Nutritional status of the children: A Sociological observation from Salem district of Tamil Nadu

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Abstract:

Childhood is an important phase in human life span and it should be protected at any cost, because during the childhood, a child has to get all the essential inputs. The healthy food, happiness, recreation, love, care, affection etc., are prominent among them. If any one of the things is missing, even partially, the desired outcomes cannot be expected from the child. The social institutions have crucial role to bring up the children positively. However, many of our children are unable to live comfortably and happen to face many problems in their life. Some of them are not attending the schools, few are roaming in the streets and others suffer with the underweight. Though, many programmes of India are focusing on the welfare of the children and we are not in a position to reach the most wanted results. The health is a compact mechanism because; healthy individual can contribute their best in institution building process. In this context, a considerable proportion of the children are born in India with low weight due to under-nutrition. Even though it is related to health dimensions but the socio-economic factors are involved much in it. The ignorance of the mothers and the prevailing social phenomena are still playing significant roles in malnutrition of the children. In this context, the paper throws its light on the issue on the basis of an empirical study.

Key words: *Childhood, Malnutrition, Underweight, Human life, Low weight, Institution building, Ignorance of mother, Social phenomena, Compact mechanism and welfare of the children.*

1.Introduction

Without a second opinion the health and nutrition are the fruitful investment on any individual in terms of longevity which can be clubbed with the improvement is concerned. The human population badly requires the physical and mental development, so, the future development is possible only when the humans are converted as resources. In this line of thinking, the children are the pillars of the nation and the concerned policy making bodies across the world have taken several positive steps for children's welfare till now. Many special schemes also have been implemented by innumerable organizations to maintain the child welfare, health care, etc., because, the childhood consists of potentialities, strength and innocence to learn the world systematically.

The insufficient management of health care to the children can create lot of inconveniences and the health rights of the children are being denied enormously. The nutritional activities of the organizations in connection with the children identify the gap areas of the children's health care and nutritional status and insist that in the man's life journey, the health is playing a paramount role in shaping the personalities since the childhood.

Integrate the child development into human manpower development are the essential components of social development. As a force which needs to be given its legitimate role, in consonance with economic growth, in the reshaping of the nation's future. Development is a holistic process in which it is important to maintain a balance between its economic and social parameters and between its material and non-material components. A positive attitude yet to emerge to overcome the problems of children in our country and to integrate them with overall development.

1.1.Children And Human Development

Since independence our policies and programmes keep the children always in front and overall development of them is the key. But till now, the children suffer from the natural hazards like drought, floods and storms, insufficient low quality water and similar disasters. Resultantly, there are pests, insects and many micro-organisms that directly affect our children's health. The deconstruction of environment, pollution of water, industrialization, unthoughtful use of technology and the resulting imbalances in the ecosystem are also creating the hazardous to physical, social and psychological well-being of the children. Believes, value system, behavior patterns, habits, practices and traditional technology harbor the cultural groups of adversities to health, similarly the

income distribution, social differentiation, affordable habitat, unguarded and misdirected social development, unsafe use of men again technology, and unrestricted growth of population are directly or indirectly contributing to the deteriorating the children's health scenario in India.

Social structure of society and the inequality amongst the sex are clearly effected though the state of their health. The emerging nutritional problems are obesity and related health problems, nutritional blindness, etc. the average Indian suffers from protein –calorie malnutrition, caused by insufficient intake of food and non-availability of protein-rich foods for growing children,

The concept of disease is closely associated with health and nutrition. The disease is considered as maladjustment with the environment to which numerous factors contribute the socio economic factors of environment include diet, density and movement of people, sanitation, habits and customs. The disease in any given place is the result of a combination of geographical circumstances also which is being together such environmental hazards to children's at the most auspicious time.

1.2.Relevance Of The Children 0-6 Years

Apart from the discussed aspects, the children under six years badly need of good nutrition, education and care in order to meet their full potential of health, well being and capacity for the rest of their lives. Since the infancy the may needed and important factors to be incorporated within a child. The feeling, development and care of the children are assumed to be the responsibility of the premier social institution - family. The children are the citizens with rights, and society has the responsibility for ensuring that they are given adequate and appropriate care. A system of food entitlement, ensuring that every child receives adequate food, not only in terms of quantity but also in terms of quality, diversity and acceptability.

The first six years of life have a great and lasting influence on the quality of life of a human being. The health, nutrition, education and development opportunities given to a child at this stage to a large extent determine his or her health and well being for the entire lifetime. In spite of all indicators showing that greater investments are urgently needed, the results of National Family Health Surveys show not only the poor state of children under six years of age but also that the progress is very slow. The care of young children cannot be left to the family alone- it is also a social responsibility. Social intervention is required, both in the form of enabling parents to take better care of their

children at home, and in the form of direct provision of health, nutrition, pre-school education and related services. Interventions for children under six years must broadly address at least three dimensions, child health, child nutrition and child development.

The children's current nutritional status during preschool ages reflects not only the nutritional status of the population as whole, but also an indicator of the overall living conditions of the society. The nutritional status of children in Tamil Nadu has been improved considerably over the years and the present status of normal children has improved from 41.4% (1992-93) to 60% (2003-2004).

1.3. Child Health In India

India is a developing country, people living in the vast area, they live not only similar area. The Geographical area can be divided in to rural and urban and hills. The people have live in both places. In India almost half of the Children under age of five are stunted or too short for their age, which indicates that they have been undernourished for some time. 20% are wasted or too thin for their height. 43% are underweight which takes into account both chronic and acute under nutrition. Due to this IMR (Infant Mortality Rate) may be increased (IMR in India-58/1000). The child health depends the others health and wealth. Child health is not an Independent one it always depends the others, so it may be called 'challenged health' which is may be having multiple barriers, one is internal barrier and another one is external barrier. Internal barrier like Malnutrition and ill health, The external barriers like socio-economic and cultural problems etc., In the internal barrier like malnutrition have developed by improper and inadequate food and unsafe drinking water and poor hygiene, poor sanitation are create to fever, cough, running nose, and diarrhea, etc., The External barriers like parents behavior, dependents rights, socio-economic condition, cultural problems and administration / management problems etc., These two barriers may be the contributory factors to children's health in different stages of their age.

1.4. Some Reference Information About Children:

More than one in 18 children still die within the first year of life. One in 13 dies before reaching age five. But the girls in India face a higher mortality risk than boys. Children born to mothers under age 20 or over age 40 are more likely to die in infancy than children born to mothers in prime child bearing ages. Infant mortality is 77 per 1000 for teenage mothers compared with 50 for mothers age 20-29. Less than 44% of children 12-

23 months only fully vaccinated against the six major childhood illnesses. 5% of the children have received no vaccination at all. 46% of Children less than 6 months are exclusive breast fed as WHO recommends. 55% of Children are put to the breast within the first day of life. However mother in India breastfeed for an average of 25 months, which is slightly longer, the minimum of 24 months recommended by whom for most children. In some observation the infant breastfeed denied by their mothers due to their socio-economic condition and family situation is one of the barriers of child health. Sufficient food and adequate food to the children is must for health, due to family condition the health care is not providing to the child. Lack of health care activities in the child health, the child is live with malnutrition. They can easily affect by many diseases then may go to die.

1.5.The Related Research Works And Reports

The previous studies have showed the health status of the children below six years across the globe, and abundant information is available from the websites of international organizations like United Nations, World Health Organization, US census Bureau and several institutions.

‘Health denotes a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (WHO-1948). Malnutrition and under nutrition have complex links with fertility, infection, family size, physical and mental growth and the development and immunity mechanism of the body. The basic etiological factors of protein energy malnutrition are. 1.Inadequate diet, both in quantity and quality (this is primarily due to poverty and ignorance) and 2.Infections and parasitic diseases, notably diarrhoea, respiratory infections, measles and intestinal worms (Maeyer, 1976).

There should be a national nutritional enlistment programme which should emphasize balanced cereal / pulse-oriented diet. Efforts should also be made to popularize nutrition on low cost and balanced foods based on cereal pulse green vegetable combination (Thankamma, 1976).

India faces both the problems of acute and chronic under nutrition at the time of Independence. Recognizing the importance of nutrition for health and human development, the country has adopted the multi sectoral, multi pronged strategies to combat undernutrition. Consequently, the buffer stocks were built up, food for work for out of work poor persons and public distribution of food items providing subsidized food grains were operationalized to provide food security to the poor. Recognizing the

vulnerability of children special efforts were made to bridge the gap in energy requirement of children through food supplementation. Integrated child development scheme and mid day meals schemes (www.csdindia.org).

In spite of all these efforts and initiatives as per the new wealth and survival index, India is one of the worst performers in child mortality, and other negative impacts on children (<http://southasia.oneworld.net>).

1.6. Breast Feeding; The Importance

Management of breastfeeding among working mothers, breast milk, and especially colostrums in the long term, prevents atherosclerosis, hypertension and obesity, it also prevents allergy to nonspecific proteins and develops immunity. So, the breast fed babies have low incidence of respiratory infection, dental caries and allergy etc., recent evidence shows that breast milk promotes rapid brain growth and breast milk feeding is associated with higher IQ. Breastfeeding also benefits the family as it saves money and time and is “the best Investment”. It also saves indirectly because breastfed babies are less severely ill. World Alliance for Breast feeding Action (WABA) organizes world breast feeding week” during first week of August”, every year to strengthen the breast feeding culture (Sumita Reddy,2005).

1.7. Malnutrition And Wastage Of Childhood

Malnutrition is more common in India than is Sub-Saharan Africa. One in every three malnourished children in the world lives in India. Malnutrition limits development and the capacity to learn. It also costs lives: about 50 percent of all childhood deaths are attributed to malnutrition. In India, around 46 percent of all children below the age of three are too small for their age, 47 percent are underweight and at least 16 percent are wasted. Many of these children are severely malnourished. The prevalence of malnutrition varies across states with Madhya Pradesh recording the highest rate (55 percent) and Kerala among the lowest (27 percent). The malnutrition prevented the children to grow steadily as expected (www.unicef.org)

According to a study on the height and weight of more than one lakh children across six states in India has found that as many as 42 percent of under-fives are severely or moderately under weight and that 59 percent of them suffer from moderate to severe stunting, meaning their height is much lower than the median height for age of the reference population. The findings of the Hunger and Malnutrition (HUNGAMA) reports

by the Naandi Foundation describes by Indian Prime Minister Manmohan Singh as a “national shame” at a release function. (The Hindu, India’s National Newspaper- 2012). With the help of the above reviewed research articles and information the following research questions have been framed;

- what are the reasons for malnutrition / undernutrition?
- what are the roles of families for malnutrition and undernutrition?

2.Methodology

For the purpose of the present paper 222 families have been studied in the selected areas located in Salem. The two criteria have been adopted to interview the families: 1. at least one child must be in the age of 0-6 years in the families concerned and 2. any one of the child has to be lived with under nutrition to select the families. In this process, the said 222 families have been included in the present analysis and each family is treated as a unit of analysis. Salem is the one of the districts of Tamil Nadu state in India, which is having twenty blocks. The study conducted in three selected blocks; Salem block, Nangavalli block and Yercaud block.

3. Results And Discussions

Out of 222 respondents, as mothers of the children, an overwhelming proportion (98.65%) belongs to the age group of twenty years and above and the remaining (1.35%) belongs to the age group of less than twenty years.

Most of the respondents (60.36%) are married before they attain the twenty years of age and the remaining (39.64%) have married after twenty years.

A sizable proportion of the respondents (86.04%) are Hindus, miniscule proportion 4.04% are Muslims, and the remaining (9.91%) is Christians.

More than half proportion of the respondents (50.90%) represents the Scheduled castes and Scheduled Tribes and the remaining (49.10%) members of non SC/ST communities.

Nearly half proportion of the respondents (48.20%) have less than primary school education and the remaining 51.80% have studied in the high and higher secondary schools.

A sizable proportion of the respondents (83.78%) are house wives and the remaining 16.22% earn incomes as employees and involve in business.

Among the income earning mothers, an overwhelming proportion of the respondents' (92.79%) monthly income is rupees 4000 and above and the remaining (7.21%) respondents monthly income is less than 4000 rupees.

From the 222 children who were find out underweight after analyzing the standard weight, more than half of the children (54.95%) are going to Integrated Child Development Service (ICDS) centers for getting prescribed food and the remaining (45.05%) children are not going to ICDS centers

One earning member families are having an overwhelming proportion (90.54%) of underweight children and the remaining 9.46% of the children are living in the families who have more than one earning persons.

An overwhelming proportion (92.34%) of the children are live in which family income is more than 4000 rupees per month and the remaining (7.66%) of the children are live in the family's income is upto 4000 rupees per month.

4. Conclusion And Suggestions

Malnutrition and undernutrition are closely associated with the mothers' awareness and the prevailing socio-economic conditions of the families. The previous studies mention that when mother's education increases the level of malnutrition and undernutrition come down. Similarly, whenever the number of children in the family increases the malnourished children are also travelling in the same direction. The social and health awareness of the families, women's education in general and mother's education is particular are the key to reach the desired results. We can understand from the Chinese proverb which insists: 'Ruling a nation is easier than bring up the children'. To build up a strong India in a situation of globalization, privatization and Liberalization processes are prevailing our concentration to be a child and its development.

5.Reference

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