CHAPTER I

INTRODUCTION

1.1 INTRODUCTION

India is vast country with large population of varied character. This country covers 2.4 percent of the globe's land. It is also large in terms of size of the population with one-sixth of the world’s population. As a developing country ever since independent of the country the planners of Indian country are putting their efforts for planned development of the country. As such planners and policy makers recognize that optimal nutrition and health are prerequisites for human development. Article 47 of Indian Constitution states that, ”the state shall regard raising the level of nutrition and standard of living of its people and improvement in public health among its primary duties,” Over the last five decades, successive five-year plans have laid down policies and multispectral strategies to combat nutrition-related public problems and improve the nutritional and health status of the population. An estimated forty four percent of the world’s severely malnourished children under five live in India. India has made huge strides in the past decades in warding off the specter of famine. The Green Revolution should have gone a long way to talking child malnutrition, Norman Borlaug’s creation of dwarf spring wheat strains in the 1960s meant that India could feed itself at last. Better
farming techniques and food security policies have made mass starvation a thing of the past. Yet the problem of child malnutrition remains critical, and the reasons it deserves concerted attention are many. Besides the obvious moral obligation to protect the weakest in society, the economic cost to India is – and will be – staggering, and the global food crisis this year can only be significantly worsening the problems. Moreover, statistics from as recently as 2006 may underestimate the problem, as rampant food price inflation takes its toll on many millions of Indian families.

47 percent of India’s children below the age of three years are malnourished (underweight). The World Bank puts the number probably conservatively at 60 million. This is out of a global estimated total of 146 million. 47 percent of Indian children under five are categorized as moderately or severely malnourished. South Asia has the highest rates and by far the largest number of malnourished children in the World. The UN ranks India is the bottom quartile of countries by under 1 infant mortality (the 53rd highest). According to the 2008 CIA fact book, 32 babies out of every 1,000 born alive die before their first birthday.

Malnutrition impedes motor, sensory, cognitive and social development, so malnourished children will be less likely to benefit from schooling, and will consequently have lower income as adults. The most damaging effects of under-nutrition occur during pregnancy and the first
two years of a child’s life. These damage are irreversible, making dealing with malnutrition in the first two years crucially important. A close reading of available statistics shows the problem to be far from uniform.

Most of India’s population growth between 1996 and 2016 will be caused by increased numbers of population in the age group of 15 to 59-working age. The population growth leads to number of overcrowding, poverty, under nutrition, environmental deterioration and so forth. If India successfully faces the challenges of providing its younger, Better educated, skilled, well nourished and healthy workforce with appropriate employment and adequate remuneration, the economic status of both the people and country can improve rapidly.

1.2. CHILD MALNUTRITION IN INDIA THE LIFE CYCLE APPROACH

cINi has adopted the “Life Cycle Approach”- targeting resources in all its current programmes i.e., towards the critical nutritional periods of the human life cycle which includes the following: Vulnerable women during pregnancy, the first two years of life child during adolescence. Latest UNICEF statistics on nutrition in India (nov-08) nutrition to the top % of infants with low birthweight, 1998-2005* 30% of children (1996-2005*) who are: exclusively breastfed (<6 months) 37% of children (1996-2005*) who are: breastfed with complementary food (6-9 months) 44% of children (1996-2005*) who are: still breastfeeding (20-23 months) 66% of

**1.3. CHILD MALNUTRITION IN INDIA**

ClnI works with locally trained women who go from house to house, advising mothers how to add supplementary foods available at home such as rice/ chapatti and dal with mashed, locally-grown green leafy vegetable to a child’s diet from six months onwards, while maintaining breastfeeding as long as possible. The best way of conveying this simple message is by saying that all one needs is a “fistful of food every day” to meet the calorie and protein gap of a child under three. Indian mothers tend to breastfeed until about two years and do not add semi-solid supplementary foods to children’s diets, perpetuating the calorie and protein gap. Under-nutrition, diarrhea and respiratory infections act together as a vicious cycle to lead to further malnutrition, higher morbidity and mortality in this age group. ClnI breaks this cycle by training and motivating mothers to access health care at the first sign of illness from nearby health centre and give more food to their child at
regular intervals during the day to improve the immune response. A trained health worker as about 100 to 150 such children and families under her direct supervision and she monitors their growth.

1.4. IMPORTANCE OF THE STUDY

Child Malnutrition is an important area to be studied by sociologist, more particularly in the Indian setup and more particularly in the Hyderabad Karnataka region. Recently in media both in print and T.V. media the seve rarity of the malnutrition has been high lightened Over 2,600 children under the age of 6 years have died of malnutrition in Raichur district of Karnataka during the past two Years, as per data provided by women and child welfare department.

“As many as 4531 malnourished children are on their deathbed. Malnutrition has hit epidemic proportions in villages of Deodurga and Manavi taluka in the Raichur district ate fed up of raising the issue with the authorities concerned. It is a joke, “rueY.mariswamy of samajika parivarthana Andolana (SPJ), a movement for people’s rights.

According to the department’s data 2689 children have died due to malnutrition of which 811 died in 2009 while number went up to 1233 in 2010. As many as 645 such deaths have been recorded till 2011. Malnourishment among kids is so acute in Raichur- which is at bottom of the 30 districts of the state in terms of human development index- that such deaths have become common to every household in the district.
As mentioned in the above mentioned paragraph it indicates the severity of the problem of the part of the country. As such the present study which purports to through the light upon the intricate realities of the problem is considered as most significant and urgently called upon. As looking into the problem on its outlook it states that it is a problem related to medical aspects and still now most of the studies and reports made on the particular problem have also failed to highlight the social aspects of the present problem such as, early marriage, low social origin illiteracy, cultural and ritual and so forth are much caused for such problem. As such an attempt is made into the present research to identify the intricate realities pertaining to the problem. As such, conducting research on this topic with sociological perspectives is of much significant.

1.5. METHODOLOGY

The present study is based on the primary and secondary data. Primary data are collected from the respondents belonging to project area with the help of interview schedule and secondary data are collected from the published and unpublished works on the subjects, reports of governments and expert bodies respectively.

Deodurga, Lingasugur and Raichur Talukas in Raichur districts area selected for the purpose of present study. As Deodurga, Lingasugur and Raichur Talukas are considered as most backward talukas of this region, it suits best to the purpose of present study.
In The Raichur District 3 Talukas Namely Deodurga, Lingasugur and Raichur Taluka are selected for The present Study. In The Three Talukas (Deodurga-107, Lingasugur-178, Raichur taluka-72 respondents) 357 affected families are interviewed with the help of Structured Interview Schedule.

The primary data pertaining to respondents are collected through stratified random sampling techniques. Suitable scientific methods are adopted in tabulating and analysing the data.

1.6. **AREA OF THE STUDY**

The present study confined to Deodurga, Lingasugur and Raichur talukas of Raichur district. As Deodurga, Lingasugur and Raichur talukas are the most backward talukas of Raichur district are situated in the hill lock background with a great scenery atmosphere. It is significant to note that Deodurga taluka is recognized as one of the most backward taluka in Karnataka in the prof. Nanjundappa Committee report. Based on the reports of Departments of women and Child welfare Govt. of Karnataka the talukas of Raichur district are chosen for the present study. Based on the scientific method the data pertaining to the present study are collected with the help of interview schedule. Parents of the malnutricious children are the respondents of the study. Malnutricious children are identified consulting concerned department’s data and with help of other government and non-government agencies.