A Critical Study on a Haunting Topic 'Malnutrition' In India

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Abstract

India is the 6th largest country of the world and also growing as 2nd fastest economy with several of demographic dividends. WE claim that India will become what we will make it. Today's India is the tomorrow's youth of this great county. Yet malnutrition is coming in the way. If the malnutrition proceeds in the same direction, perhaps India will be shadowed by unhealthy people who will not only be weak physically but mentally also. This particular aspect is not being taken care of at many levels including Govt. of India. For a strong nation,.

Strong people are required to make its destiny as perfect and excellent in all the fields. It is obvious this youngest country of the world is facing a lot of serious challenges and malnutrition is amongst one of them. The researches have been in dilemma how to proceed in such a low appetite environment. How we should come out of this jungle of dilemmatic situation. Who should take the lead and how, we, citizens should follow it. Of course, many attempts have been done at Central and State level. All these attempts seem to be done in half hearted way. Some concrete steps are necessary. It also requires a lot of exercise before hand in a larger way.

Govt. of India did a lot of shrives to counter the challenge of malnutrition. Government of India has developed several plans to control the problem of stubborn malnutrition but still the sustainability of malnutrition is highly questionable and challenging.

This paper is a serious attempt to understand the various problems accumulated towards the growing concern for f malnutrition in India. The study will provide a sound base for proceeding ahead in the area of removing malnutrition. This paper will also discuss the Centre's stance against malnutrition, various strategies to curb the malpractices. Suitable solutions have also been proposed to settle the issue at some levels and at some corners words- Malnutrition, poverty

About Malnutrition: Malnutrition is a broad term which refers to both under nutrition (sub nutrition) and over nutrition. Individuals are malnourished, or suffer from under nutrition if their diet does not provide them with adequate calories and protein for maintenance and growth, or they cannot fully utilize the food they eat due to illness. People are also malnourished, or suffer from over nutrition if they consume too many calories. Malnutrition can also be defined as the insufficient, excessive or imbalanced consumption of nutrients. Several different nutrition disorders may develop, depending on which nutrients are lacking or consumed in excess. According to the World Health Organization (WHO), malnutrition is the gravest single threat to global public health. According to the National Health Service (NHS), UK, it is estimated that over two million people are affected by malnutrition (sub nutrition). According to the Food and Agriculture Organization (FAO), the number of people globally who were malnourished stood at 923 million in 2007, an increase of over 80 million since the 1990-92 base

periods.

The World Health Organization (WHO) says that malnutrition is by far the largest contributor to child mortality globally, currently present in half of all cases. Underweight births and inter-uterine growth restrictions are responsible for about 2.2 million child deaths annually in the world. Deficiencies in vitamin A or zinc cause 1 million deaths each year. WHO adds that malnutrition during childhood usually results in worse health and lower educational achievements during adulthood? Malnourished children tend to become adults who have smaller babies. While malnutrition used to be seen as something which complicated such diseases as measles, pneumonia and diarrhea, it often works the other way round - malnutrition can cause diseases to occur.

Globally, as well as in developed, industrialized countries, the following groups of people are at highest risk of malnutrition (sub nutrition):

- Elderly people, especially those who are hospitalized or in long-term institutional care Individuals who are socially isolated
- People on low incomes (poor people)
- People with chronic eating disorders, such as bulimia or anorexia nervosa
- People convalescing after a serious illness or condition

Signs and Symptoms of Malnutrition: A symptom is something the patient feels and reports, while a sign is something other people, such as the doctor detect. For example, pain may be a symptom while a rash may be a sign. Signs and symptoms of malnutrition (sub nutrition) include:

- Loss of fat (adipose tissue)
- Breathing difficulties, a higher risk of respiratory failure
- Depression
- Higher risk of complications after surgery
- Higher risk of hypothermia - abnormally low body temperature
- The total number of some types of white blood cells falls; consequently, the immune system is weakened, increasing the risk of infections.
- Higher susceptibility to feeling cold
- Longer healing times for wounds
- Longer recover times from infections
- Longer recovery from illnesses

Children - Children who are severely malnourished typically experience slow behavioral development, even mental retardation may occur. Even when treated, under nutrition may have long-term effects in children, with impairments in mental function and digestive problems persisting; in some cases for the rest of their lives? Adults, whose severe undernourishment started during adulthood, usually make a full recovery when treated.

Causes of Malnutrition: Malnutrition, the result of a lack of essential nutrients, resulting in poorer health, may be caused by a number of conditions or circumstances. In many developing

countries long-term (chronic) malnutrition is widespread - simply because people do not have enough food to eat.

Poor diet - if a person does not eat enough food, or if what they eat does not provide them with the nutrients they require for good health, they suffer from malnutrition. Poor diet may be caused by one of several different factors. If the patient develops dysphasia (swallowing difficulties) because of an illness, or when recovering from an illness, they may not be able to consume enough of the right nutrients.

- **Mental health problems** - some patients with mental health conditions, such as depression, may develop eating habits which lead to malnutrition. Patients with anorexia nervosa or bulimia may develop malnutrition because they are ingesting too little food.
- **Mobility problems** - people with mobility problems may suffer from malnutrition, simply because they either cannot get out enough to buy foods, or find preparing them too arduous.
- **Digestive disorders and stomach conditions** - some people may eat properly, but their bodies cannot absorb the nutrients they need for good health. Examples include patients with Crohn's disease or ulcerative colitis. Such patients may need to have part of the small intestine removed (ileostomy). Individuals who suffer from Celiac disease have a genetic disorder that makes them intolerant to gluten. Patients with Celiac disease have a higher risk of damage to the lining of their intestines, resulting in poorer food absorption. Patients who experience serious bouts of diarrhea and/or vomiting may lose vital nutrients and are at higher risk of suffering from malnutrition.
- **Alcoholism** - an alcoholic is a person who suffers from alcoholism - the body is dependent on alcohol. Alcoholism is a chronic (long-term) disease. Individuals who suffer from alcoholism can develop gastritis, or pancreas damage. These problems also seriously undermine the body's ability to digest food, absorb certain vitamins, and produce hormones which regulate metabolism. Alcohol contains calories, reducing the patient's feeling of hunger, so he/she consequently may not eat enough proper food to supply the body with essential nutrients.

In poorer, developing nations malnutrition is commonly caused by:

- **Food shortages** - in poorer developing nations food shortages are mainly caused by a lack of technology needed for higher yields found in modern agriculture, such as nitrogen fertilizers, pesticides and irrigation. Food shortages are a significant cause of malnutrition in many parts of the world.
- **Food prices and food distribution** - it is ironic that approximately 80% of malnourished children live in developing nations that actually produce food surpluses (Food and Agriculture Organization). Some leading economists say that famine is closely linked to high food prices and problems with food distribution.
- **Lack of breastfeeding** - experts say that lack of breastfeeding, especially in the developing world, leads to malnutrition in infants and children. In some parts of the world mothers still believe that bottle feeding is better for the child. Another reason for lack of breastfeeding, mainly in the developing world, is that mothers abandon it because they do not know how to get their baby to latch on properly, or suffer pain and discomfort.

Malnutrition in India: This is a shameful stain on a country that, with China, will be one of the great economic powerhouses of the coming century. 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 tackling 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 problem. Moreover, statistics from as recently as 2006 may well underestimate the problem, as rampant food price inflation takes its toll on many millions of Indian families.

Malnutrition Rates by Region

Madhya Pradesh: is the number one in child malnutrition In this state, 59.8% of children are underweight, 23.4% of the population is undernourished and 9.4% of children who die under the age of 5 die from hunger.

Gujarat: In this state, 44.7% of children are underweight, 22.3% of the population is undernourished and 6.1% of children who die under the age of 5 die from hunger.

Uttar Pradesh: In this state 42.3% of children are underweight 14.5% of the population is undernourished and 9.6% of children who die under the age of 5 die from hunger.

Rajasthan: In this state 40.4% of children are underweight 14.0% of the population is undernourished and 8.5% of children who die under the age of 5 die from hunger.

West Bengal: In this state 38.5% of children are underweight 18.5% of the population is undernourished and 5.9% of children who die under the age of 5 die from hunger.

Karnataka: In this state, 37.6% of children are underweight, 28.1% of the population is undernourished and 5.5% of children who die under the age of 5 die from hunger.

Stunning Facts about Malnutrition in India: 47 percent of India's children below the age of three years are malnourished (underweight).3The World Bank puts the number – probably conservatively – at 60 million.4 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.5 South Asia has the highest rates – and by far the largest number – of malnourished children in the world. The UN ranks India in the bottom quartile of countries by under-1 infant mortality (the 53rdhighest), and under-5 child mortality (78 deaths per 1000 live births).6 According to the 2008 CIA fact book, 32 babies out of every 1,000 born alive die before their first birthday.7 At least half of Indian infant deaths are related to malnutrition, often associated with infectious diseases. Malnutrition impedes motor, sensory, cognitive and social development 8, 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 damages are irreversible, making dealing with malnutrition in the first two year crucially important.9 A close reading of available statistics shows the problem to be far from uniform.

So why are levels of child malnutrition so shamefully high in India? What are the contributing factors? What possible solutions exist?

Why Are Malnutrition Levels in India So High?

According to the National Family Health Survey (NFHS-3) carried out in 2005-06, child malnutrition Rates in India are disproportionately high. The NFHS-3 is the third pan-India survey conducted Since 1992 (covering 200,000 people from 15-54 years, and the definitive guide to Indian Health statistics). The results are sobering: 46 per cent of children under three are underweight, compared with 28 per cent in Sub-Saharan Africa and 8 per cent in China – another country with an enormous rural poor population. In addition to the 46 per cent who are underweight, 39 per cent are stunted, 20 per cent severely malnourished and 80 per cent anemic. More than 6,000 Indian children below the age of five die every day due to malnourishment or lack of basic micronutrients such as vitamin A, iron, iodine, zinc or folic acid. So important is the provision of micronutrients to children in the developing world, that the Copenhagen Consensus 2008 has listed it as the top development priority of this year.20 Crucially, it's necessary to look beyond income levels, economic expansion, conventional poverty levels and food availability, none of which explains in itself the causes of the problem in India. Is funding the problem? Well, even though children form a substantive third of India's billion plus population, their share in the Union budget is a mere 4.86 per cent, according to the Women's Feature Service, and out of which, 70 per cent is allocated for education, and only 11 per cent for health. There's no doubt a shortfall in funding for child health is a problem.

Finance Minister P Chidambaram on Tuesday said the Food Security Bill will address the problems of hunger and malnutrition and it will be the first issue to be discussed in the monsoon session of Parliament while the NFSO is very limited in its entitlements for children, who ideally should have been central to a food security act. Child malnutrition levels in India are extremely high and it is well known that interventions to address malnutrition must focus on children under two years of age, pregnant and lactating women and adolescent girls. While the NFSO converts the existing schemes for mid day meal and take home rations in schools and anganwadi centers into legal entitlements, this is not accompanied by essential interventions for treatment of malnourished children, provision of calorie-dense local foods, growth monitoring, and nutrition and health education and so on. Addressing malnutrition would also require other complementary interventions such as access to basic health care, sanitation and drinking water.

In the words of Amartya Sen and Jean Dreze, this is a "scandalous phenomenon," a "situation of hunger amidst plenty." India grows enough food to feed its own population according to the World Food Program me however India is one of the most starving and malnutritious country in the world. Prime Minister of India also called the problem of malnutrition as national shame.

India vs. Malnutrition: A little description of each of the phases will indicate how nutrition programmes in India developed in each phase and what were the lessons learnt.

Medical/Clinical Phase - As mentioned earlier, this is the first phase of nutrition programming and was almost completely predominated by clinical studies on various types of malnutrition associated with laboratory studies to understand 227 the causes, course and methods for

diagnosis of nutritional deficiencies. It should be recognized that all the activities during this phase were directed towards the victims of malnutrition as individuals. The concept of prevention and the importance of the community were unknown. It is no "wonder that during this period the nutrition programmes were mostly concentrated in hospitals and health centers and were directed towards the treatment of malnutrition. The health programme consisted mostly of distribution of Vitamin tablets. In fact, during this phase, even the First Expert Committee on Nutrition of FAO/WHO recommended that the developing countries should be assisted to produce synthetic multi-vitamin tablets. The lessons learnt from this phase were that malnutrition is a community problem and that an individual approach of diagnosis and treatment will\not even touches the fringe of the problem. Moreover, it was being increasingly realized that causes of malnutrition do not lie within the purview of the health sector and that other measures outside the health sector are necessary.

Food Production Phase - During the late forties, there was a distinct change in nutrition promotion strategy in India. It was felt that unless and until food is produced in abundant amount, the health sector can do very little in combating malnutrition. One should realize that during those years the food production In India was at a very low level and there was always a deficit of a big magnitude. Thus, the nutrition programmes in India was more or less equated with food production, and a few years later, it was followed by technological advances in improvement of the nutritive value of foods. During the fifties, the nutrition programmes in India, thus, included a number of food processing and food fortification measures which later on culminated in the production of processed, fortified and enriched food. It may be mentioned here that even during this phase there was international influence and this time from the United Nations urging the solution of "Protein Gap" and "Protein Crisis", Measures like lysine fortification of wheat, protein rich weaning food, production of unconventional protein food from leaf, algae and even petroleum were the prominent achievements during those years. The "nutritional atmosphere" was saturated with "impendin As expected at the end of this phase there was disillusion. Firstly the benefit of increased food production, which was achieved very rapidly in India, did not touch the poorest segments of the population. Even the Green Revolution made the rich farmer richer, and the poor farmers and the landless agricultural rural labor remained where they were or possibly sided down on the economic scale. Euphoria of processed protein food and of the other novelties quickly died down when It was realized that these technological novelties are indeed excellent achievements but for a country like India it is useless since their prices are beyond the reach of the population for whom these were being designed. It is much easier to produce a processed nutritious food on the laboratory bench than to make it commercially viable. Lastly, was there really a "protein crisis" in India during those years? It is interesting to observe that during the end of the first and the second phases mentioned above, India was learning the lesson that the solution of malnutrition problem is not the responsibility of one sector. Another lesson learnt was that any nutrition programme which is designed to have impact on the population must be directed towards those who are in the lowest economic level.

Community Phase - During the mid sixties there was again a change in the concept for nutrition programming in India. This is best reflected by the Applied Nutrition Programme sponsored by the UNICEF in collaboration with FAO and WHO and with the very active support and a huge investment of the Government of India; during the later part of the sixties the programme covered almost all the States of India. It should be mentioned that this is the first

programme in India which is based on a coordinated approach towards malnutrition represented by three thrusts - g protein crisis" and all nutrition programmes were directed to solving protein problems.

a. Production at the village and family level.

b. Education for better consumption.

c. Feeding of the vulnerable.

The lesson learnt from this phase is that though in theory inter-sectoral collaboration is an important strategy for malnutrition control, it is difficult to achieve. The Applied Nutrition Programme, though on paper a multispectral coordinated programme, in actual practice it emphasized predominantly on production. Thus, school garden, kitchen garden, backyard poultry, etc. completely dominated the scene.

Multi-Sect Oral Phase: With the lessons learnt from the previous three phases, it was increasingly clear 'that nutrition programmes to be effective must be an integrated programme and not merely inter-sect oral. Moreover, the first step should be to protect the weakest economic segment in areas known as economically 230backward areas. It Is of interest to note that the crash nutrition programme during the early seventies personally sponsored by our Prime Minister is an example of this thrust. The Supplementary Nutrition Programme, as it is known, is continuing even now and is based on providing supplementary feeding to the vulnerable population in the economically backward areas. However, this Is based on a wrong conception that feeding the potential victims of malnutrition will prevent the problem. Malnutrition is a result of the effects of various manifestations of poverty like low-purchasing power, high incidence of communicable diseases, illiteracy, living in poor environments and families with large number of children. Any of these factors might precipitate malnutrition either in the mothers or the child. Mere provision of food supplements in the midst of a high incidence of gastroenteritis and diarrhea would produce almost no Impact and can be compared to an oft quoted statement "pouring water in a leaky pot".

During the seventies, apart from these two programmes, there has been numerous other programmes developed and implemented by the State Governments, non-governmental organizations, certain universities but all programmes have the concept of community involvement and participation and an integrated approach. This phase Is also remarkable in that increasing importance is being given to the formulation of food and nutrition policy within the framework of national development. Malnutrition is now recognized as a national problem - and not a sect oral problem. Thus, control of malnutrition is only possible through a nutrition oriented national development plan. The WHO publication, Food and Nutrition Strategy for National Development, is an excellent treatment of the subject*. It is increasingly becoming clear that malnutrition and socio-economic deprivations are virtually the cause and consequence of each other.

Nutrition Programmers in India: It would be useful to briefly describe the important nutrition programmes in India today. These would be described under the different sectors of the Government responsible for their implementation. No description would be given excepting a small explanatory note

Ministry of Health and Family Welfare

1. Programme for the control of nutritional blindness due to Vitamin A deficiency by administering a massive dose of 200,000 i.u. of Vitamin A every six months to children under six years.

2. Provision of iron foliate tablets for young children and pregnant and lactating women for combating nutritional anemia.

3. National Goiter Control Programme for providing iodized salt to the entire Goiter Belt of India for controlling the high incidence of endemic goiter and cretinism among the population.

Ministry of Social Welfare: Integrated Child Development Service Programme which has been already described and presently covering 200 blocks but going to be expanded to 1000 blocks very soon 232 2. Supplementary Nutrition Programme for providing feeds to vulnerable population in the economically backward areas hut only in limited areas pf the country.

Ministry of Education and Culture: The School Feeding Programme with the assistance of food commodities provided by CARE. Ministry of Rural Reconstruction The Applied Nutrition Programme in limited areas of the country.

Department of Food in the Ministry of Food and Agriculture:

1. Production of Bal-Ahar, a processed food specially designed for supplementary feeding.

2. Nutrition Education and Extension Programmes in various parts of the country through mobile units.

3. Food Fortification Programme with special nutrients.

In the above list only the important programmes with substantial coverage have been included. In addition to this list, there are in the country various nutrition programmes mostly community based and with excellent results.

However, they are mostly projects and have not so far reached a stage of replicability.

Government Plans for Malnutrition: Malnutrition is a complex problem involving a lot of other important factors like safe drinking water supply, proper sanitation, school education, agriculture and food and public distribution. Ousting malnutrition completely from our country is a Herculean task. It is one of the top agendas in the priority list of the present government and is now receiving proper attention at the highest levels. The government has envisaged a “multi sectoral approach” and “direct and specific interventions” to address the issue of malnutrition through the implementation of various schemes and programs through the state governments and the Union territory administrative systems.Some of these include:
1. Integrated Child Development Services (ICDS) specially programmed for lactating and pregnant mothers and children below the age of 3.
2. National Rural Health Mission (NRHM)
3. Mid Day Meal Scheme (MDM)

4. Rajiv Gandhi Scheme for Employment of Adolescent Girls(RGSEAG) SABLA
5. Indira Gandhi Matriyo Sahayog Yojana (IGMSY)

These are some of the "direct and specific interventions". "Multi-sectoral approaches include:

1. Targeted Public Distribution System (TPDS)
2. National Horticultural Mission
3. National Food Security Mission
4. Mahatma Gandhi National Rural Guarantee Scheme (MGNREGS)
5. National Rural Drinking Water Scheme, etc.

All these schemes have been programmed keeping in mind their potential to address the maternal and child malnutrition issues. The National Food Security Bill (under proposal in Loksabha) will also help considerably to alleviate the malnutrition problem. Food Agriculture Organization (FAO) report, "The State of Food Insecurity in the World 2012" reveals that "17.5% of India's population was estimated to be undernourished in 2010-2012 (down from 26.9% in 1990-1992 and 17.5% in 2010-2012)".

Suggestions to Improve the Scenario of Malnutrition: However, in spite of the sincere efforts of the government, schisms exist between the government envisaged nutrition programs and their actual implementations due to various factors like lack of voluntary manpower in the different states. Madhya Pradesh has the highest malnutrition rate (55%) and Kerala the lowest (27%). Data collected by the DHS (Demographic and Health Surveys) indicate that in India 43% of the children are underweight, 48% of the children stunted due to malnutrition. Other studies reveal that one third of all adult women and 30% of newborns are underweight, a scenario far worse than the sub-Saharan countries that are technically much poorer than India. Malnutrition in children and pregnant mothers is not only a national shame but a resident evil that needs to be exorcised with the strictest of measures.

Government Should Remove The Corruption From The Distribution System Of Food Schemes: Corruption is also a big problem by itself and the problem of corruption is also enlarging the challenge of malnutrition. We used to found a lot of leakage in the system of food distribution of various government schemes. Some of the incharge of distribution operation willingly degrade the quality of food which is being prepared to fascinated the beneficiaries that's what people don't want to utilize the benefits of government food scheme like Anganwadi and madhyan bhojan. It is also very common fact when we found the lizards, mice, piece of stones and the lower quality of food in plates of malnutritious child. Only the eradication of corruption and the proper execution of plan can do the wonder in short time.

Government Should Improve the Level of Public Awareness: India has a great need to improve the level of public awareness. Because lack of public awareness is a measure reason behind malnutrition and its sustainability. We usually blame the poverty as a main cause of malnutrition In fact, there is no obvious linkage between levels of child malnutrition and income poverty. 26 percent of India's population lives below the poverty line, yet 46 percent of children under three are malnourished. Most Sub-Saharan countries report higher levels of income poverty than India even though levels of child malnutrition in India are consistently higher. poverty itself is not sole cause. And the quantity of food required to adequately feed an infant is affordable for practically all families – half a chapatti or half banana or a boiled potato or a bowl of dal.

Execution of Planes Should Be Proper: In the war against malnutrition government has put a high amount on stake. According to an article in Economic Times with the head line of "India may lose $46 billion due to malnutrition by 2030: Study" The global economic impact of malnutrition could be a staggering $125 billion by 2030, with India accounting for nearly $46 billion, according to the first international study of its kind in four countries we can understand the monetary cost of government plans against malnutrition. If there are not proper execution of planning performed in the case of malnutrition so the cost of human life will also be intolerable with the simultaneous cost of money.

Government Should Make the Distribution Effect Fully: Despite various government allocations for malnutrition in the rural areas, there are a lot of infrastructure challenges halting the distribution of foods etc. Government should ensure the infrastructure arrangement for the execution of plans properly and to make the distribution of allocations effect fully.

Government Should Eradicate the Elusions and Justify The Action Plans: A FUND OF millions of euro raised to help malnourished children in western India has been diverted to maintain public buses, it has been reported.The "Child Nutrition Surcharge" was set up 16 years ago to collect a small percentage of each bus ticket fare in major cities in Maharashtra state, where thousands of children die from malnutrition each year.But public transport officials say that millions raised have yet to be transferred to the state treasury because they allegedly need the funds to maintain buses and keep them on the road, the NDTV news channel reported.

Literature review

1. Why malnutrition in shining India persists*

Peter Svedberg**

Abstract: India has a higher prevalence of child malnutrition, as manifested in stunting and underweight, than any other large country and was home to about one-third of all malnourished children in the world in the early 2000s. There are, however, substantial inter-state differences in child malnutrition and also in the (generally meagre) progress made since the early 1990s. The persistence of widespread malnutrition may seem surprising considering the recent overall shining performance of the Indian economy. Between 1993 and 2006 net state domestic product per capita nearly doubled in the wake of 4.5% average annual growth. The main objective of this paper is to identify the reasons why rapid economic growth has failed to reduce malnutrition more substantially. The methods used are OLS, instrument-variable, fixed-effect and first-difference regression analyses on the basis of panel data at the level of states in India. The results suggest that the persistence of malnutrition is mainly explained by modest poverty reduction − despite high overall economic growth − due to minuscule factor productivity and income growth in the agricultural sector, still employing 54% of the Indian labour force. Widespread rural female illiteracy and restricted autonomy for women are other significant explanations.

2. Epidemiological Study Of Malnutrition (Under Nutrition)Among Under Five Children In A Section Of Rural Area

Prevalence of malnutrition is very high in India; especially in rural area. A cross sectional study was done in randomly selected six villages to estimate the prevalence and demographic and socioeconomic factors associated with malnutrition. The prevalence of malnutrition among the under five children was50.46%.Children from lower socioeconomic status, with low birth weight were significantly malnourished.

Key words: Protein Energy Malnutrition, under five

3. One Quarter of World's Children Struggling To Learn Because Of Malnutrition – Study

One in every four children in the world is suffering from chronic malnutrition that is affecting their ability to learn, according to a report by a charity.
The Food for Thought report by Save the Children found that undernourished children were an average of 20 percent less literate than those who had a “nutritious diet.”
It said that that malnutrition could affect global economic growth by $125 billion.
"A quarter of the world's children are suffering the effects of chronic malnutrition. Poor nutrition in the early years is driving a literacy and numeracy crisis in developing countries and is also a huge barrier to further progress in tackling child deaths," Carolyn Miles, president and chief executive of Save the Children.

Research Objective:

1. To understand the problem of malnutrition.
2. To understand the actions, taken by the government against the problem of malnutrition.
3. To give the suitable suggestions.

Research Methodology: This is a secondary database based research in which we used generals books and support of internet to make the study possible.