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PREVALENCE OF MALNUTRITION AMONG DALIT SCHOOL CHILDREN: A CASE STUDY OF TUMKUR CITY

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Abstract:

Malnutrition is one of the major public health problems in developing countries. Growing children in particular age were the most vulnerable to its consequences. Children are the future citizens and are the potential assets of any country. Proper nutrition is the fundamental right of every child for the maintenance of good health. A proper diet is essential from early stage of life as well as each stage of life. Health status of school children is associated with proper physical development, intellectual capacity and access to health care. Malnutrition at early phase among children affects their physical, intellectual development (Sanjay Rode, 2015). The present study was conducted to assess prevalence of malnutrition among 107 school children of Primary School in Tumkur taluk of Tumkur district in Karnataka state. Children were selected aged between 5 to 16 years. The main objective of the study is to know prevalence of malnutrition status among the Dalit children and the impact of socio-economic condition on their nutritional status. Data includes Anthropometric measurement according to Gomez classification of malnutrition based on standard height for age and weight for height, and clinical assessment of anemia status of the children with the help of Ayush medical officer. The data was analyzed by using simple statistical method. Majority of the government school children belong to poor households and Prevalence level of malnutrition is high among these dalit children.

Keywords: Dalit, Malnutrition, children, Karnataka

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Introduction

Nutritional status is the result of complex interactions between food consumption, overall health status and health care practices. Poor nutritional status is one of the most important health and welfare problems faced by our country. The poor are not uniformly disadvantaged. Across most health indicators, the situation of the scheduled castes, scheduled tribes and Muslims is significantly worse than that of others. While nutritional status is closely linked with levels of income, education and public health services, the social belonging of persons also acts as an additional aggravating factor for nutritional inequality (Sadana, 2011). Malnutrition is largely the byproduct of poverty, ignorance, insufficient education, lack of knowledge regarding the nutritive values of the foods, inadequate sanitary environment, large family size etc.. These factors bear most directly on the quality of life and are the true determinants of malnutrition in society (Park, 2017).

Rational of the Study

Prevalence of malnutrition in Tumkur is district is high according to the National Family Health Survey (NFHS-2015-16). The NFHS found that 53.8% of the 0 to 59 months children were anemic and 19.6% of the men aged 15 to 49 years are anemic while it is 52.7% among 15 to 49 years of the women are malnutrition. Karnataka state government has implemented many schemes but it has not reached the expected results. Karnataka Nutrition Mission aimed at improving nutritional condition of children, adolescent, women etc., however, malnutrition is high in the taluka. There is no empirical study on the causes of malnutrition and factors contributing to perpetuation of malnutrition especially among certain communities. The percentage of underweight children at the aggregate level was about 45.6. However, the nutritional problem is particularly serious for children, women and men belonging to the SCs, STs, and OBCs. (Nidhi Sabarwal) Therefore the study focused on the analyzing the impact of socio-economic conditions among Dalits on their poor nutritional status. The age of 5 to 16 years is a phase of transition between childhood and adulthood, characterized by an exceptionally rapid rate of growth occupying a vital stage in the life of human beings.

Objectives of the study

• To examine the prevalence of Malnutrition among the Dalit school children.

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• To know the socio-economic condition of Dalit children and its impact on the Nutrition status.

Methodology

The present study was conducted in Government primary and middle school, Kothithopu Primary School in Tumkur taluk of Tumkur district in Karnataka state. Descriptive and cross sectional research design was adopted. All 107 students were included in the study, where all the children were belong to Scheduled caste untouchable community. Children were selected from I to VII standard aged between 5 to 16 years during the period of 2013-14. Before assessing their malnutrition status, oral consent was obtained from each student. Primary Data was collected by administered interview schedule. Malnutrition among the respondents was assessed by adopting both primary and secondary methods of data collection through anthropometric measurement according to Gomez classification of malnutrition based on standard height for age and weight for height, and clinical assessment of anemia status of the children provided by the Ayush medical officer. Additional information was also collected through observation. The data was analyzed by using simple statistical percentage method.

Results and Discussion

1. Prevalence of malnutrition

Distribution of children malnutrition status classification according to Gomez

Sl.	Malnutrition Classification	No of children %
NO		
1	Normal	12%
2	Grade I (Mild)	17%
3	Grade II (Moderate)	58%
4	Grade-III (Severe)	13%
	Total	100%

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More than half of the respondents (58%) were victim of Grade-II (moderate) malnutrition. Only 12% of the respondents were Normal. While 17% of the respondents recorded Grade-I (Mild) malnutrition, remaining 13% of the respondents reported Grade –III (Severe) malnutrition. Study reveals that 88% of the Dalit children were suffering from some kind of Malnutrition. Rest 3% of the children were found having vitamin-A deficiency exhibiting the sign of Bitot spot. About half the respondents (49%) were found clinically anemic with the symptoms of dyspnoea (difficulty in breathing), headache, depression, dizziness, pallor, broken nails, cold, clammy skin, fatigue, loss of appetite and impaired cognition. It is found that 39% of the children were having moderate and mild malnutrition condition. Remaining 12% of the children were normal. Among the malnutrition children 30% of the children are suffering from dental carries, 3% of the children having skin problem. It was observed, the mothers and children were have least knowledge about nutrition and health. They were not considered it is a health problem. Girls were more victimized to malnutrition (67%) than boys. Girls were assigned to take care of younger sisters or brothers in their parents absent. It was also one of the major social cause for class irregular. Girl children were not taught of any kind of nutritional knowledge. They were shouldered responsibility of taking care of younger children at very young age. Home and school hygiene and sanitation plays determinant role in nutritional status amongst these children school hygiene is better than home.

2. Impact of Socio-Economic condition on Diet

- Parents' level of literacy plays significant role in child nutrition status Majority 57% of the respondents' parents or guardian's literacy level was below primary Education. Around 33% of the respondents' parents did not have any formal education. Rest 10% of the respondents' parents studied above primary education. Education of the parents and children food consumption style has direct relation with Nutritional status of the children.
- Majority (92%) of the respondents belong to households monthly income was less than Rs 5000. Their socio economic condition is very low. Most of the respondents had no resources to ensure adequate access and consumption of dietary requirements. Childhood period is very crucial stage of their development where they need adequate nutrition for the development.

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More than half of the respondents' (53%) parents work as scavengers. Around one third (34%) of the respondents' parents work as coolies. While 9% of the respondents' parents work as street vendors, remaining 4% are engaged in daily wage occupations. Most of the respondents' parents leave their home early morning to report for work. Majority respondents lack attention of the parents. Majority 54% of the children parents were works has domestic workers they could not take care of children, parents has to leave home early, this result in lack of caretaking among children and directly influence the children absenteeism in school. Income of the respondents' parents is not stable and, most of often inadequate to meet basic needs of the family. Majority 46 % of the children parents were daily wage earners, they could not able to bare the basic daily requirements and expenses. 53% of the parents were works as contract basis. Majority 80 % of the children miss their breakfast. Missing breakfast results in slowing the cognitive functions. Cognitive functions are more vulnerable to missing breakfast in poorly nourished children. Educational performance of the children in school is average. Rest 20% of the children consumes breakfast daily morning. However, their breakfast is same everyday and lacks variety of nutrition food consumption. Often they consume 2 piece of bread and a cup of tea for breakfast. Rarely their breakfast is two dosa which is available in Local Street with unhygienic condition. And it was found that vegetable and fruits consumption is very low among them. Purchasing capacity of these groups fluctuates on the income level of the family. As per the observation it was found that, food grains and vegetables purchased on the basis of low cost, where there is a chance of lacking good quality of food. Consumption of sea food among these groups absent due to low purchasing capacity. In the school, children were provided 150 ml milk twice in a week. There food was limited to routine and their parents income is fluctuate on the basis of their economic earnings.

Conclusion

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Malnutrition is an unbearable crisis not only on the health systems, but the whole sociocultural and economic status of the respondents. The study revealed very high prevalence of severe and moderate underweight among the Dalit children. Study found that dalit children nutritional status



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is poor. Mothers' education and family income play a vital role in children nutritional status. Though government of Karnataka implemented Annabhaga, skeera bhagya and midday meal program etc. are not sufficient to combat the malnutrition problem. Nutrition intervention program, mother's education on nutrition and reduction of poverty can play an important role to reduce malnutrition among the children. The caste system also perpetuates the poor socio-economic condition and it is also indirect cause for the vicious cycle of malnutrition. The problem of malnutrition among Dalit children can be solved only by multiprogramming action implemented simultaneously at various levels-individual level, family, and community. The present Nutrition programmes should be evaluated by adopting the social work research methods.

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