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A study of malnutrition in Ratanpur anganwadi center of Bhopal

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Abstract
Malnutrition under the age of 5 years is a result of food complications and deficiencies' remote access to health services is another reason for malnutrition where insufficient food, eating poor food, improper diet, and infectious co-morbidities are included. The sensitive factor of nutrition also includes food insecurity, and inadequate economic resources at the individual, household, and community levels where malnutrition is found under the age of 5 years. Illiteracy is one of the most factors to spread malnutrition, especially in rural areas.

Keywords: Malnutrition, food complications, insufficient food

Introduction
We have often heard the word 'Nutrition', but the question is what is Nutrition? Nutrition is the process of breaking down food and substances that have been taken in to release energy in the body. With having a balanced diet and healthy food in the right proportions would help the body in obtaining the right kind of nutrients required. Basically, Nutrition is important for the development and growth of a child but in many countries' poor nutritional status causes Malnutrition. This is mainly due to illiteracy, least job opportunities, poverty, etc. Poor hygiene, and intestinal and warm infestation also lead the malnutrition.

Malnutrition is a common condition that occurs when there is a deficiency of certain nutrients in taking diet. This deficiency fails to meet the demands of minerals and essentials to growth. It is also a condition where the diet does not contain the right balance of nutrients, this might mean a diet high in calories but deficient in vitamins and minerals. On the other way Malnutrition means 'bad nutrition' and technically includes both over and undernutrition. In the context of developing countries, under-nutrition is generally the main issue of concern, though industrialization and changes in eating habits. It causes individuals may be overweight or obese but still considered malnourished. Thus, malnutrition is a health condition resulting from eating food with insufficient or too many calories. It affects all age groups but is more common among under five years of age children. Malnutrition kills three lakh individuals worldwide each year and is responsible for about half of all deaths in young children. It raises the risk of infections like diarrhea, malaria, respiratory tract interaction, and measles in children.

Children are more vulnerable to nutrient deficiencies caused by the high demand for food during this age of growth. Despite the support from UNICEF and WHO we are still far from a world without malnutrition. The WHO reported that the World Health Assembly targets for 2025 and SDG set for 2090. According to the report, about 144 million children under 5 years have stunted growth, 47 million children are wasted and 14.3 million are severely wasted where 38.3 million are overweight or obese.

Anganwadi's Services
The management of malnutrition enables community healthcare workers to identify the malnutrition of children before they become seriously ill. This may help in the early detection of severe acute malnutrition in society.

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Ready-to-use therapeutic foods or other nutrient-dense foods are also included in community-based strategies to prevent malnutrition. Active healthcare workers are paradigm the key to nutritional counseling and providing services to early identity malnutrition under 5 years of age.

To achieve the Services objectives, a package of six services comprised to maintain it, these are – Supplementary nutrition, Pre-school non-formal education, nutrition & health education, immunization, health check-up, and referral services. These are provided to the targeted beneficiaries all the children of 5 years of age as well as pregnant and lactating mothers. Three of these services namely Immunization, Health check-ups, and Referral Services are delivered through Public Health Infrastructure under the Ministry of Health & Family Welfare. Anganwadi Services was launched in 1975 to improve the nutritional and health status of children, to lay the foundation for proper development of the child, to reduce the incidence of mortality and morbidity, to achieve effective co-ordination of implementation to promote child development; and to enhance the capability of the mother to look after the normal health and nutritional needs of the child.

Table 1: Manpower under Anganwadi's

SN	Cadre	Manpower Under Anganwadi Services
1	DPOs (District level)	52
2	Statistical Assistant (District level)	52
3	CDPOs (Project level)	453
4	Statistical Assistant (Project level)	453
5	Supervisor (Project level)	3409
6	AWWs (AWC level)	84465
7	AWH (AWC level)	84465
	AWWs-Mini Centres (AWC level)	12670

Source: MIS-WCD, (Jan 2020)

Rationale of Study
Malnutrition in children depends on various factors like poor food quality and insufficient food intake and severe and repeated infectious diseases. Assessment of growth thus not only serves as a means for evaluating the health and nutritional status of children but also provides an indirect assessment of the quality of life of an entire population. A recent study, through Demographic and Health Surveys from 1986 to 2006 found that variance in mild under-weight has a larger and more robust correlation with child mortality than the variance in severe under-weight. The report of 'The lancet child and adolescent health says the overall under-five death rate due to malnutrition has decreased substantially from 1990 to 2017, but malnutrition is still the leading risk factor for death of children.

Objective of Study
To Study the prevalence of malnutrition under 5-year children at Anganwadi Center, Ratanpur, Bhopal.

Hypothesis of Study
There is no significant difference for the prevalence of malnutrition under 5-year children at Anganwadi Center, Ratanpur, Bhopal.

Limitation of Study
The study is limited with Anganwadi Center, Ratanpur, Bhopal.

Research Methodology
A survey method of descriptive research is applied for the purposive study. Data were collected by using a questionnaire from Anganwadi workers and treated with the help of Mean, SD, SEM, and one sample t-test.

Table 2: The prevalence of malnutrition under 5-year children at Anganwadi Center, Ratanpur, Bhopal

No	Particulars	N	M	SD	SEM	df	t-Value
1	Anganwadi Workers Working at Anganwadi Center Ratanpur, Bhopal	30	6.20	2.35	0.429	29	14.4506
		The 95% confidence interval of difference: from 5.3225 to 7.0775					

(Df = N-1=29)
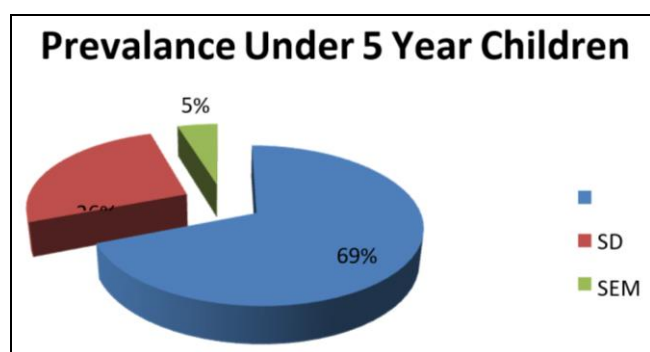
Graph 1: The prevalence of malnutrition under 5-year children at Anganwadi Center, Ratanpur, Bhopal.

Data Analysis and Result
It is found that the mean score of the prevalence of malnutrition under 5- year children at Anganwadi Center, Ratanpur, Bhopal is 6.20, where the SD is 2.35 and SEM is 0.429. Here from table 2, it is clear that the one-sample t-value of the prevalence of malnutrition under 5-year children at Anganwadi Center, Ratanpur is 14.4506, which is considered to be extremely statistically significant. That is why the zero hypothesis - There is no significant difference in the prevalence of malnutrition under 5-year children at Anganwadi Center, Ratanpur, Bhopal is not accepted.

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