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Nutritional levels of Anganwadi children: A sociological study

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Abstract

Sustainable human development of any country depends on its women and children. Children are the assets of every country. Today's children are tomorrow's citizens of the country. Therefore concrete and able future depends on the health of the children. Healthy children make healthy nation. Unfortunately most of the children in developing countries are facing acute problem of ill-health and malnourishment. The problems of malnourishment among children more found in our country. Since Independence, every government is trying to save the children from malnutrition. It has evolved hundreds of programme to combat the ill health and malnourishment among children. It is important to note that 'Pre-school children are one of the most nutritionally vulnerable segments of the population. Nutrition during the first five years has an impact not only on growth and morbidity during childhood, but also acts as a determinant of nutritional status in adolescent and adult life.

Malnutrition is the underlying cause of at least 50 per cent of deaths of children under five. Even if it does not lead to death, malnutrition, including micronutrient deficiencies, often leads to permanent damage, including impairment of physical growth and mental development. For example, iron, folic acid and iodine deficiencies can lead to brain damage, neural tube defects in the newborn and mental retardation.

Indeed, malnutrition is a national shame and a curse that needs to be rooted out from our country whose national treasure is its people, and whose future lies in the hands of its children. Ignoring the well-being and health of the future generations due to hunger and malnutrition would be crippling to future generations, which would cost the nation dear. In fact, M.S. Swaminathan goes as far as to say that after more than sixty years as an independent nation, we still have large numbers of women and children who are suffering from malnutrition, and the cost to our nation in terms of health, well-being and economic development is tremendous. Even as India continues to take tremendous leaps in the arenas of information technology, science, among others, which, some argue, has led to the unprecedented economic growth in the country, there are some issues including growing poverty and inequality that are a major concern. On the Human Development Index, for the year 2013, India ranked a lowly 135 among 169 countries.

The findings of the third National Family Health Survey (NFHS-3) reveals an unacceptable prevalence of malnutrition in our children:-42.5% of our children under the age of five years are *underweight* (low weight for age) -48 % of our children are *stunted* (low height for age – chronically malnourished) -19.8 % of our children are *wasted* (low weight for height – acutely malnourished) In poorer states the situation is even worse with over 50 % of children underweight the issue of poor nutrition causing other health problems in the country, including high infant mortality rate and malnutrition is extremely pressing. In fact, the lack of progress over the past decade and the current high levels of malnutrition have led to India being recognized as having, perhaps, the worst malnutrition problem in the world.

Keywords: Malnutrition

1. Introduction

Deficiencies in nutrition inflict long-term damage to both individuals and society. Compared with their better-fed peers, nutrition-deficient individuals are more likely to have infectious diseases such as pneumonia and tuberculosis, which lead to a higher mortality rate. In addition, nutrition-deficient individuals are less productive at work. Low productivity not only gives them low pay that traps them in a vicious circle of under-nutrition^[10], but also brings inefficiency to the society, especially in India where labour is a major input factor for economic production^[11]. On the other hand, over-nutrition also has severe consequences. In India national obesity rates in 2010 were 14% for women and 18% for men with some urban

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areas having rates as high as 40%^[12]. Obesity causes several non-communicable diseases such as cardiovascular diseases, diabetes, cancers and chronic respiratory diseases^[10].

Subodh Varma, writing in The Times of India, states that on the Global Hunger Index India is on place 67 among the 80 nations having the worst hunger situation which is worse than nations such as North Korea or Sudan. 25% of all hungry people worldwide live in India. Since 1990 there has been some improvements for children but the proportion of hungry in the population has increased. In India 44% of children under the age of 5 are underweight. 72% of infants and 52% of married women have anaemia. Research has conclusively shown that malnutrition during pregnancy causes the child to have increased risk of future diseases, physical retardation, and reduced cognitive abilities^[13].

One of the major causes for malnutrition in India is gender inequality. Due to the low social status of Indian women, their diet often lacks in both quality and quantity. Women who suffer malnutrition are less likely to have healthy babies. In India, mothers generally lack proper knowledge in feeding children. Consequently, new born infants are unable to get adequate amount of nutrition from their mothers.

The World Bank estimates that India is one of the highest ranking countries in the world for the number of children suffering from malnutrition. The prevalence of underweight children in India is among the highest in the world, and is nearly double that of Sub Saharan Africa with dire consequences for mobility, mortality, productivity and economic growth^[1].

Objectives of Study

1. To find out the social background of Anganavadi children.
2. To identify problems Angnawadi malnutrition children' Social background.
3. To find out facilities available in Anganwadi.

Methodology of the Study

The present study was conducted in Raichur district. For this purpose three Anganwadis of chinchodi village of Devadurga Taluk of the district have been selected. According to the official data Devadurga Taluk 403 Anganwadi Centres. Among the four Taluks, Devadurga taluk is one of the most backward taluks in the state.

Sample Area: Chinchodi Village

According to the official data, Devadurga taluk of Raichur District has ----villages. Among them one of the most backward village is Chinchodi village. In chinchodi village there are ----- Anganwadis. However it was decided to select only three Anganwadis. According to the official figures these three Anganwadis have 133 children. Among them 50 per cent of the children were selected for this study. Therefore the samples of the present study are 62.

Source of Data collection

For the present study data are collected both primary and secondary source.

Primary Data

Primary Data collected directly from the AWC' sworker's with the help of a Interview Schedule designed for the purpose. It consist of personal data of the children social – economic profile of the parents, facilities provided by the Government t to AWC's.

Secondary Data

The Secondary Data for the present study were collected from the Karnataka University Library and Internet.

Meaning of Anganwadi

The word Anganwadi is derived from the Hindi word “Angan” which refers to the courtyard of a house. In rural areas an Angan is where people get together to discuss, greet, and socialize. The Angan is also used occasionally to cook food or for household members to sleep in the open air. This part of the house is seen as the heart of the house. It is perceived as a sacred place. Thus the significance that this part of the house enjoys is how the worker who works in an Angan and visits other Angans to perform the indispensable duty of helping with health care issues among other things came to be known as the Anganwadi worker. They are after all the most important link between the rural poor and good healthcare.

Social Background of Anganwadi Children

Gender Composition of the Children

Gender background of the children is given in Table 3.1. Accordingly more than half (53.22%) of them are girls and remaining are girls. It is evident from this Table that parents prefer their mostly sons to private nursery schools than their daughters.

Table 3.1: Gender of composition of children

Sl. No.	Gender	Number	Percentage
1.	Boys	29	46.77
2.	Girls	33	53.22
	Total	62	100.00

Religious background of the children

All the children of the children of this study are Hindus. (Table 3.2)

3.2: Religious background of the children

Sl. No.	Religion	Numbers	Percentage
1.	Hindu	62	100.00
2.	Muslim	-	-
3.	Christian	-	-
4.	Buddhist	-	-
5.	Jain	-	-
	Total	62	100.00

Caste of the children

Information provided in Table 3.3 makes it clear that more than half of them were belonged SC's and ST's. It is apparent from this Table that this area is dominated by SC and ST population.

Table 3.3: Caste of the children

Sl. No.	Caste	Numbers	Percentage
1.	S.T	14	22.58
2.	S.C.	22	35.48
3.	OBC	26	41.93
	Total	62	100.00

Table 3.4: Educational Background of the Father

Sl. No.	Father's Education	Numbers	Percentage
1.	Illiterate	40	66.51
2.	Primary School	11	17.74
3.	High School	06	9.67
4.	P.U.C.	05	08.06
5.	Degree	-	-
	Total	62	100.00

Data provided in Table 3.4 make it clear the existence of rampant illiteracy in the sample area. More than two-thirds (66.51%) of the Anganwadi children's fathers are illiterates.

Table 3.5: Father's Occupation

Sl. No.	Father's Occupation	Numbers	Percentage
1.	Agriculture	25	40.32
2.	Labourers	35	56.45
3.	Laundry worker	01	01.61
4.	Carpenter	01	01.61
	Total	62	100.00

Occupation of a person certainly influences his/her socio-economic behaviour. In this table (3.5) shows 56.45% Children's father's occupation is agriculture labour.

Table 3.6: Father's Income

Sl. No.	Father's Income	Numbers	Percentage
1.	Rs. 2,000 to Rs. 5,000	45	72.58
2.	Rs. 5,001 to Rs. 10,000	13	20.96
04	Rs. 10,001 to Rs. 15,000	04	06.45
4.	Rs. 15,001 to Rs. 20,000	-	-
	Total	62	100.00

Table 3.6 72.58% Children's fathers income between is Rs. 2,000 to Rs. 5,000. Father's income between Rs, 5,001 to 10,000 and more number of father's occupation is Agriculture labour. They are getting daily wages only Rs. 100 to Rs. 120 and they don't know savings of wages.

Table 3.7: Mother's Education

Sl. No.	Mother's Education	Numbers	Percentage
1.	Illiterate	49	79.03
2.	Primary School	11	17.74
3.	High School	02	3.22
4.	P.U.C.	-	-
	Total	62	100.00

Table 3.7. In India low level of female illiterate rate is there especially of Devadurga taluk more backward area. In this village 79.03% of children mother's are illiterate. 17.74% mothers are completed primary school education. 3.22% of mothers completed high school education

Table 3.12: Child's Weight

Sl. No.	Child's weight	Numbers	Percentage
1.	8-10 kgs	05	9.67
2.	11-12 kgs	17	27.43
	13-14 kgs	31	50.00
	15-16 kgs	08	12.90
	Total	62	100.00

Table 3.12 shows that children's are very healthy because children's weight is 13 to 14 kgs 27.41% children's are 11 to 12 kgs finally three Anganwadi children are healthy.

Table 4.1: Type of Food

Sl. No.	Type of Food	Numbers	Percentage
1.	Vegetarian	5	08.06
2.	Non Vegetarian	-	-
3.	Both	57	92.93
	Total	62	100.00

Table 4.1 shows food habit of children's 91.93% children having vegetarian and Non-vegetarian, only 08.0% children's having only vegetarian food.

Table 4.2: Does anybody visits school with children

Sl. No.	Does anybody visits school with children	Numbers	Percentage
1.	Yes	-	-
2.	No	62	100.00
	Total	62	100.00

Table 4.2 In this table shows that some children coming there interest and some children's coming with Anganwadi workers.

Table 4.3: Water Availability

Sl. No.	Water Availability	Numbers	Percentage
1.	Yes	-	-
2.	No	03	100.00
	Total	3	100.00

Table 4.3 In this table shows water availability of Anganwadi centre's in three Anganwadi centre's have no water facilities but Anganwadi helpers keep water from bore well this water using both drinking and washing.

Table 4.4: Availability of Toilet

Sl. No.	Availability of Toilet	Numbers	Percentage
1.	Yes	-	-
2.	No	3	100.00
	Total	3	100.00

Table 4.4 shows that no toilet facilities in three Anganwadi centre's.

Table 4.5: Check Health Status

Sl. No.	Check Health Status	Numbers	Percentage
1.	Yes	03	100.00
2.	No	-	0.00
	Total	03	100.00

Table 4.5 In these Anganwadi they measure height, and weight of the children in order to monitor the health conditions of the children.

Table 4.6: when they have checks

Sl. No.	When they have checks	Numbers	Percentage
1.	Weekly	-	-
2.	Monthly	-	-
3.	Six monthly	03	100.00
4.	Yearly		
	Total	03	100.00

Table 4.6 shows that Anganwadi every monthly checking the children health reading to State government intrication

Table 4.7: Children are under nutrition

Sl. No.	Children are under nutrition	Numbers	Percentage
1.	2	02	03.33
2.	4		
3.	6		
4.	8		
5.	Nil	60	96.77
	Total	62	100.00

Table 4.7 Shows that in all three Anganwadi only two under nutrition Childs is find in total 62 children.

Table 4.9: Attend School Regularly

Sl. No.	Attend School Regularly	Numbers	Percentage
1.	Yes	62	100.00
2.	No	-	-
	Total	62	100.00

Table 4.9 In this study Anganwadi children’s coming regularly but some time children’s not interest to coming to centre because of summer time parents went to migration from village along with their children in this time children not coming.

Major Findings of the Study

1. Most of the AWC’s children father’s occupation is Agriculture labour (54.45%), Mother’s occupation is Agriculture labour (77.41%).
2. The levels of education of the children’s parents was for from not satisfactory more than half (64.51%) of the more illiterates among Scs and sts Agriculture lobour is the main occupation of the children’s fathers (72.58%) were earing an income of less than 5,000 /-per year percent of the mother’s were in come innil.
3. AWC’s are all children’s were Hindus. If we examine the sub caste background majority of the them were belonged to chaluvadi (40.32%) and next comes Kuruba (33.87%).
4. Thus we can say that most of the children’s parents were belonging to low social – economic background. For the present study 3 AWC’s were selected in Chinchodi village of Devadurga Taluk of Raichur District, Which is the most background District in Karnataka.
5. These three AWC’s are suffering from them any basic Infrastructures such as pure drinking water. Toilet, Playground etc but these have received some Govt, facilities.

Conclusion

When we compare to other educational institutes and childcare centers AWC’s or small unites these centers look after the health condition fragrant women and the children age group between 3 to 6 years the both center and state governments have been reserve crosses together amount for the women and child development but due to the substantive corruption from the AWC’s worker the complete comprehensive uses of these centers is lacking villagers.

Any how these AWC’s have been doing some good work pertaining to women and child across the national so these AWC’s have provided job opportunities to the women of S.S.L.C & P.U.C.

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