



Malnutrition & Its Effect Upon The Maternal & Child Health In Village Area: A Sociological Study (Special Reference To The District North 24 Parganas Of West Bengal)

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• Abstract

Evaluating any specific region or any country's socio-economic developmental status, health plays a crucial role as a basic indicator in this evaluation process. Going through the various global reports, approximately 663 million people 8.9% of the world's population are suffering from malnutrition, besides this, 697 million people 9% of the world population are suffering from severe food insecurity. In every budget session, Govt. of India is sanctioning and spending huge amount of money to eradicate malnutrition from India. Malnutrition is a liable factor for high Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR). Moreover, malnourished mothers have chances to give birth to malnourished children. Purpose of this research was to find out the basic reasons, ground reality and gaps behind malnutrition problem among women and children in society, especially in rural area. The present study explores that the main factors which are playing crucial role behind this problem are- illiteracy and lack of awareness, poverty, negligence of family members towards pregnant or lactating mothers, gender discrimination, early marriage and pregnancy before 18 years, pandemics like Covid19 etc. This study

also correlates that malnutrition has strong effect upon maternal and child health which creates burden upon human resources and sustainable development.

Key Words - Malnutrition, Maternal & child health, Rural area, IMR & MMR.

• Introduction

At present age of globalization, malnutrition has made its existence stronger than last few decades and has become a worldwide serious issue which has affected major portion of the world population. Effects of malnutrition is not only a health issue of any individual but it is a serious warning as a worldwide socio-economic problem since last few decades and day by day it is becoming more serious issue mainly in under-developing countries or third world countries of Asia and Africa continent. The Global Nutrition Report 2021 states that worldwide 149.2 million children (0-5 yrs.) are stunted, 45.4 million are wasted and 38.9 million are overweight, moreover, 40% of total world population i.e. approximately 2.2 billion are now under obesity. Except this, World Health Organization data said 1.9 billion adults are suffering from obesity as well as, 462 million are underweight, whereas, among 0-5 years children, 149 million children are stunted, 45 million are wasted and 38.9 million are under obesity and also around 45% of child deaths are linked with undernourishment, mostly visible in low and middle-income countries. All of these are summoned us by highlighting the alarming effects of malnutrition problem which is a warning for present time and future.

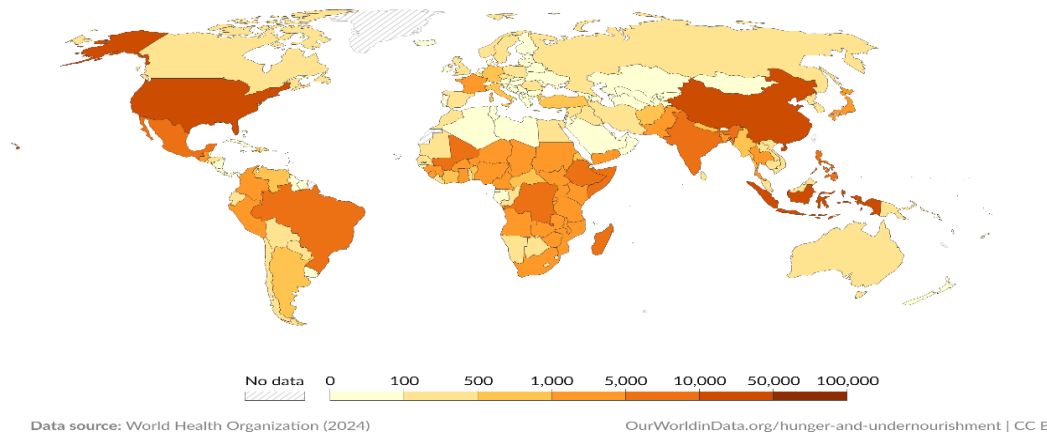
Then what is the present scenario of our Bharat? Really, it's more shocking. In Bharat, malnutrition is higher among children at Maharashtra and Gujrat and both states are also rich states in India. National Family Health Survey (2019-21) data states that one third of all children under age of 5 years are stunted (35.5%) and underweight (32.1%) and approximately 33 lakh children are suffering from malnutrition, among them 17.76 lakh children are Severely Acute Malnourished (SAM) and 15.46 lakh are Moderately Acute Malnourished (MAM) children. Recently, Maharashtra, Gujrat and Bihar are among the top states of India with SAM children.

Stuart Gillespie and Lawrence J. Haddad (2003) have studied that in Asia, the malnutrition is higher than other continents of the world. The study has pointed out that one in every three (under age of five) children is suffering from stunting and in South Asian Countries like Bharat, two in every three children are stunted. Moreover, 70% of total malnourished children of the world are from Asia. The study highlighted that malnutrition in Asia has double burden because of its various types i.e. Undernutrition and Overnutrition. The double burden of malnutrition i.e. underweight and overweight, are interlinked also. In Asia, different regions have different type of malnutrition characteristics. Besides this, low birth weight, vitamin and mineral deficiency, iron deficiency and iodine deficiency, play an important role in Malnutrition. Human resource power will be increased by the reduction of malnutrition. Thus, productivity will be increased and desired developments for future generations will touch its target.

Map No: 1.1 Deaths from Malnutrition at Global Level, 2021

Deaths from malnutrition, 2021

Annual number of deaths from protein-energy malnutrition.



Map Source: World Health Organization (2024) – with major processing by Our World in Data. <https://ourworldindata.org/grapher/deaths-from-malnutrition-ghe?country=~DEU>

Lisa C. Smith and Elizabeth M. Byron (2009) have pointed out that South Asia has become the most severe region in the world where gender discrimination against female with strong differences is easily seen in the field of education, employment and earning and there is also high rate of MMR and kind of carelessness in the matter of maternal health care with adequate food and diet in comparison to men. Study also states that decision making power of mother in a family can bring improvement among nutritional status of girl child of that family. This indicates that women empowerment or self-dependency is very helpful to reduce gender biases but it varies from region to region. Because the issues of Pakistan regarding this matter can't be always same as of Bangladesh.

Malnutrition: Definition

World Health Organization (1st March, 2024) defined Malnutrition as, “*Malnutrition refers to deficiencies, excesses or imbalances in a person’s intake of energy and/or nutrients. The term malnutrition covers 2 broad groups of conditions. One is ‘under nutrition’—which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals). The other is overweight, obesity and diet-related non communicable diseases (such as heart disease, stroke, diabetes, and cancer).*”

Malnutrition and Its Effect

According to a research report of **World Health Organization (WHO)**, published in **2020** which states that good health and well-nourished children can be beneficial for any country’s socio-economic development but undernutrition will be responsible for hazardous childhood of the children with various diseases, poor school performance and lower earnings in their adulthood career which will definitely block

the smooth way of life cycle. Prevention of childhood obesity can be beneficial in the context of health and economic aspects for family and country because productive years are losing for obesity and overweight. In this matter, Bharat, Indonesia and Bangladesh are in warning zone. Report also has pointed out that there are so many drivers or factors which are mostly liable for poor maternal health condition among women the rapid growth of malnutrition and these Biological, Environmental, Socio-Demographical and Behavioural factors or drivers are also liable for malnutrition of children and women. During pregnancy period of a woman, less body weight, inadequate food and lack of proper nutrition of mothers can create a chance to give birth of a malnourished baby, as well as unhealthy environment of and severe undernutrition of mother can also be responsible for the birth of a malnourished baby.

Maternal and child health or MCH is a key factor in the socio-economic development process of a country or region. Bharat is the largest democracy of the world with 121 million populations but unfortunately this old civilization could not get desired outcome in health care service and infrastructure development even after 75 years of independence of India. Social policy is considered as the reflection of the nation for its citizens' welfare which is time to time changeable as per the needs and circumstances. Gradual changes and improvement took place in the matter of maternal and child healthcare policies and infrastructure time to time from colonial period to post independence period. After independence time to time different maternal health policies and schemes had been launched and among which, many programmes are still running to improve the maternal health and child health condition in India and also to decrease the MMR, IMR and fertility rate. But unfortunately, India is still now holding the position among those countries which are suffering from poor health infrastructure and health services for their citizens. Benefits of all these govt. health policies and schemes should reach to the unprivileged and poor people of our country to uproot all obstacles related to maternal health and child health.

Literacy has a strong impact upon the children welfare of any developing country, in which literacy of parents plays a major role. Education level of mother plays a crucial role in the matter of children's infancy. A big difference is easily observable between literate and illiterate parents in the matter of children's health, nutritional status and educational achievements. But it is true that literacy or education level raise the chance to get more earning for both men and women which is key source of better health and nutrition.

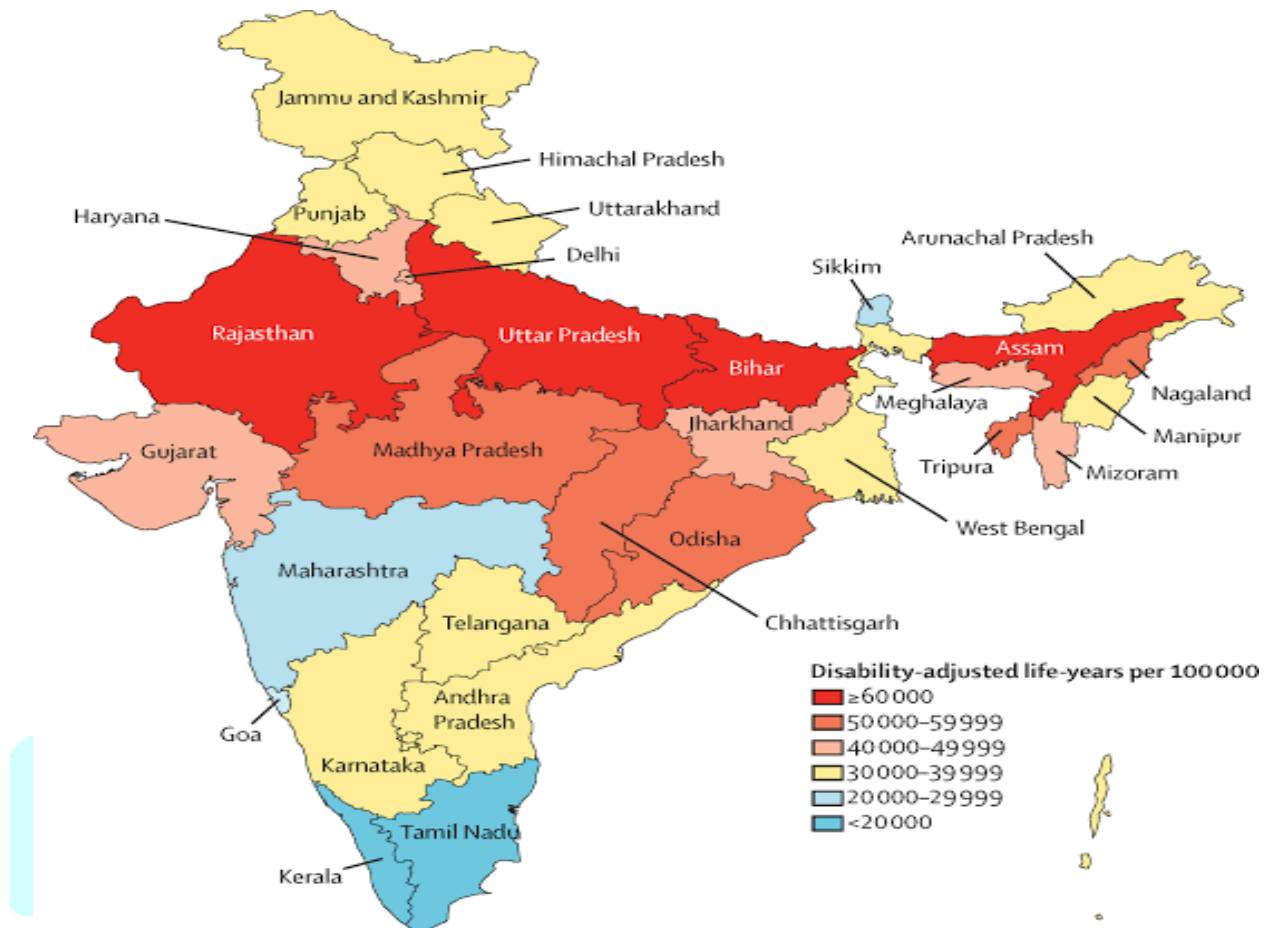
Jean Dreze & Amartya Sen (2020) in their study, highlighted that our country Bharat is going through rapid economic growth and development in last few decades which results unexpected improvement in the livelihood of so-called middle-class people. But unfortunately, the growth of underprivileged section of society like daily earners e.g. hawkers, labours etc., is not satisfactory. The authors argued that Bharat's fast economic development is undermined by specific social failures like poor literacy, infrastructure, healthcare, particularly in unprivileged section of society. In spite of achieving excellent economic growth, Bharat fails to provide proper basic amenities like good health, education etc. to its larger population, unprivileged section of

society in particular. Study also explored that literacy and health play an important role in the development of society, Bharat in particular. It is very important aspect of human society. Hence, in Bharat, literacy and health- both factors got special attention under constitutional provision also.

Effects of Malnutrition in Bharat

Malnutrition has been spread like cobweb through its various forms over the whole world which has affected seriously our India too and this problem is increasing day by day. Hence, Govt. of India sanction huge amount and various plans in every annual budget and spend corers of money through various plans, programmes and infrastructure developments to get rid of this worldwide crisis. But unfortunately, in spite of these efforts, malnutrition did not eradicate completely from community. Data of the World Bank highlighted that India is one of the highest rank countries in the matter of child malnutrition and mostly it is found in rural areas. So, it has now a big threat for us.

In Bharat, maternal and child malnutrition is a very serious issue and it is related to LBW or low birth weight, faulty child feeding practices, inadequate food consumptions, unhygienic habits, illiteracy, lack of awareness, evil social practices, gender discrimination and so on. Whose weight is less than 2500 gm. Are called as LBW or Low Birth Weight babies and in India, around 30% of the total new born babies are LBW babies. Responsible factors for LBW are maternal malnutrition, anaemia, illness and infections during pregnancy. Protein Energy Malnutrition or PEM refers to the deficiency of protein and energy of human body and in India, approximately 1-2% of children (0-5 yrs.) are suffering from PEM. Responsible factors for PEM are as- inadequate food both in quantity and quality, infections and disease like pneumonia, diarrhea etc., poor maternal health, improper knowledge of breast feeding and lactation, child rearing and weaning are the reasons for PEM. Marasmus is one of the common types of PEM which mainly seen among the children below 1 year.

Map No: 1.1 Disability-adjusted life-years per 1,00,000

Map Source: <https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642%2819%2930273-1/fulltext>

Report of Ministry of Women & Child Development (posted on 15th December, 2021 on the website) that percentage of malnourished children (stunted, wasted and underweight) of 0-5 years has reduced as per the data of NHFS-5 (2019-21) from 38.4% to 35.5%, 21.0% to 19.3% and 35.8% to 32.1% respectively as compared to the data of NHFS-4 (2015-16). Malnutrition among 15 to 49 years old women has also reduced from 22.9% to 18.7%. With an aim of eradication of malnutrition from India, Government of India has given special attention to it and already has implemented various programmes and schemes like Pradhan Mantri Matru Vandana Yojana (PMMVY) and Scheme for Adolescent Girls under the Umbrella, Anganwadi scheme or Integrated Child Development Services (ICDS) scheme, PM-Poshan, Mission Poshan 2.0, Nutritional Month, JSY or Janani Suraksha Yozana and so on which are successfully running in community.

In her observation, **Aparna Pandey (2009)** describes that approximately 12% of total population is 0-5 years children as per 2011 census data of India. The study highlighted that in rural areas of West Bengal, gender discrimination among children is still now existing, especially, in the matter of breast feeding which shows a delay by 2.6 hours in girls compared to boys. This type of delay in breast feeding may be

the cause of rejection of unwillingness of the mothers to feed their newborn baby girl. It is very common to see tendency of child malnutrition among girls than boys in community.

To understand the responsible factors behind child malnutrition, **Vani K. Borooh (2009)** had conducted a study over 50,000 children of rural areas of specific 16 states of India by using unit record data. Study points out that in reducing the risk of child malnutrition, the literacy of mothers plays a major role. Study also shows that literate mothers are more conscious and aware than illiterate mothers, as well as, literate mothers use health care institutions facilities more effectively than illiterate mothers which become more effective and beneficial for their children. Beside this, the literacy of father can't be the substitute of the literacy of mother and it does not play crucial role in reducing child malnutrition. It is very important to make mothers literate first than fathers to reduce malnutrition among children in India.

Shakuntala C. Shettar (2014) studied that half of our total population is women, so the health of women should get special attention and priority at national policy, schemes, plan and programmes. Study observed that maternal and reproductive health status of Indian women is very poor, as well as, maternal mortality rate of rural areas of India is the highest in the world and malnutrition, anaemia, infectious diseases are responsible factor behind it. Besides this, women of rural areas are also bound to do hard works during their household works or daily earnings for their family. Existing health infrastructure our country is not sufficient in the matter of advanced maternal healthcare. Study also observed that illiteracy, insufficient trained health staffs for maternal health care medical services and inadequate emergency transportation system are the major liable factors for poor health status of women, mainly in rural areas.

In his study over Himachal Pradesh, **Sthitapragyan Ray (2014)** observed that public healthcare is a major responsibility, mainly it is a state subject under the constitutional right and amendments. Himachal Pradesh is a rural state in which more than 90% people are living in rural areas. The Infant Mortality Rate of Himachal Pradesh is 54.2% and crude birth rate is 21.2%, as well as, anaemia tendency is 40.5%. The study has pointed out that role of Gram Panchayats is very poor and unsatisfactory whereas only Anganwadi or ICDS workers' performance is satisfactory and A.N.M workers play a crucial role to make child immunization programmes and antenatal services successful. But the study also found that there is also a big gap between the plan and its successful implementation at ground level.

Study of **Mohammad Akram (2014)** states about the present scenario of maternal health in India and also about different types of schemes and programmes by the Govt. of India to give benefit to the pregnant women during and after their pregnancy, the main objectives of these government schemes are to reduce Maternal Mortality Ratio and Infant Mortality Rate with population and birth control. Purpose of the MDGs or Millennium Development Goals is to make the world safe for both mothers and children. Reduction in maternal death and morbidity has become the major concern for the developing countries since the launch of the Safe Motherhood initiative in 1987.

Maternal health plays a crucial role as a key indicator to measure the health status and social status of women. In simple words maternal health is the health condition of women during pregnancy period, child birth and post pregnancy period. According to **World Health Organization (2009)**, pregnancy and child birth is not a disease but it is risky period because of its complications and processes during the long time before and after of pregnancy including antenatal care (ANC) and postnatal care (PNC).

Initiatives, taken by the Government of India in the matter of Malnutrition Eradication

Good health status is important for community development. The indicators for measuring health status are as – IMR or Infant mortality rate, fertility rate, crude birth and crude death rate and life expectancy at birth. Health issues differ from country to country, from region to region. Because health problems of the developed countries like America or Europe are different from the common health problems of our India, in one hand, children of India are poorly suffering from malnutrition like underweight, stunting etc. but on the other hand, the children of those developed countries are suffering from over nutrition or obesity and overweight. Insufficient nutritious food is one of the major reasons for child and maternal malnutrition in India, not only that, medical care facilities and treatments by using advanced technology and better equipment, are just like utopia in our India. Provision of better health service is our constitutional right. There are specific constitutional acts of our Indian Constitution, direct the governments to ensure good health & well-being, proper nutrition and basic healthcare to its citizens. There are various government programmes are running to eradicate malnutrition from society.

In her study, **Nida Siddiqui (2014)** pointed out that in third world countries like India, Pakistan, Bangladesh, millions of people are suffering from hunger, disease, malnutrition, poverty, unhealthy and unhygienic living conditions and lack of basic amenities. For this reason, many countries have appointed para-professional health workers. Like that, in our India, ASHA or Accredited Social Health Activist have been appointed contractually under the proposal of NRHM to work as bridge between the health care providers and community.

➤ **ICDS or INTEGRATED CHILD DEVELOPMENT SERVICES SCHEME**

This scheme was launched in 1975 by the Ministry of Women and Child Development, Govt. of India, to bring improvement on nutrition, health and pre-school education of the children up to the age of 6yrs., pregnant and lactating mothers and 15-45 yrs. old women of our country. It's the largest community-based programme of the world.

➤ **NHM or NATIONAL HEALTH MISSION**

In 2013, Govt. of India introduced National Health Mission or NHM programme which is under the Ministry of Health and Family Welfare with the objectives to reduce Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) with prevention and control of communicable and non-communicable diseases and spreading awareness also about it, and to improve better public health services like maternal and child health, immunization and nutrition. NHM comprises with National Urban Health Mission and National Rural Health Mission.

➤ **MID DAY MEAL or PM-POSHAN**

Govt. of India launched the Mid-Day Meal scheme in 1995 but in September, 2021 name of this scheme has been changed as PM-POSHAN or Pradhan Mantri Poshan Shakti Nirman scheme which is actually a school meal programme for the children of class I-VIII in Govt. schools, Govt. Aided schools, local body, Education Guarantee Scheme and alternative innovative education centers and National Child Labour Project schools which are running by the Ministry of Labour with an objective to improve nutritional status at country level and this scheme is covered by National Food Security Act, 2013 under article 24, Convention on the Rights of the Child with a commitment of adequate nutritious food for children of our community.

➤ **MISSION POSHAN 2.0**

It is an umbrella scheme covering ICDS, Poshan Abhiyan, scheme for Adolescent Girls and National Creche Scheme. In Union Budget 2021, Govt. of India introduced this programme by subsuming supplementary nutrition programme and Poshan Abhiyan with an aim to eradicate malnutrition from India by providing better nutrition which will be helpful to build up healthy and wealthy future generation and powerful nation. Slogan of this scheme is “Sahi Poshan, Desh Roshan”.

➤ **POSHAN ABHIYAN**

Govt. of India introduced this programme on 8th March, 2018 which is also known as National Nutrition Mission with a purpose to reduce undernutrition, stunting and anemia among children, women and adolescent girls and to improving low birth weight and especially to reduce the rate of stunting among children (0-6 yrs.) from 38.4% to 25% by 2022. But in 2021 Union Budget it has been merged with Mission Poshan 2.0 scheme.

➤ **NUTRITION MONTH or POSHAN MAH (SEPTEMBER OF EVERY YEAR)**

It is a month-long programme, introduced for the first time in September, 2018 by the Ministry of Women and Child Development with a special focus on SAM (Severe Acute Malnourished) Children and every week of September has different activities on antenatal care, optimal breast feeding, anemia and growth monitoring, proper and adequate diet, hygiene and sanitation etc.

➤ **POSHAN VATIKA or NUTRITION GARDEN**

The Ministry of Women and Child in 2018 launched this programme under Poshan Abhiyan scheme with an objective to ensure supply of nutrition foods like home grown fruits and vegetables, harvesting organically at the space available at ICDS centers, school premises and gram panchayats for better nutritional and good health status to combat malnutrition.

➤ **PMMVY or PRADHAN MANTRI MATRU VANDANA YOJANA**

In 2010, it was first introduced by the former Prime Minister Manmohan Singh as Indira Gandhi Matritva Sahyog Yojana and later it was renamed as Pradhan Mantri Matru Vandana Yojana by the Prime Minister Narendra Modi in 2017 with objective to provide safe child delivery, good nutrition with good mother-child health care and feeding practices with low Maternal Mortality Rate and Infant Mortality Rate. It is a conditional money transfer scheme which provides partial compensation to women for wage loss during their child birth and this maternity benefit programme is implemented by the Ministry of Women and Child Development and is maintained by A.N.Ms (Auxiliary Nursing Midwifery) at grass root level to the beneficiaries.

➤ **JSY or JANANI SURAKSHA YOJANA**

On 12th April, 2005, Janani Suraksha Yojana or JSY was launched by the Govt. of India under National Health Mission which a centrally sponsored scheme with cash assistance to women during their pregnancy and post-delivery care with the objectives to reduce maternal and neo-natal mortality rate among poor pregnant women who are specially belong to BPL category and SC-ST category, and also to promote institutional delivery by targeting zero home delivery.

Responsible Factors for Malnutrition

(i) Illiteracy, (ii) Gender discrimination, (iii) Inadequate food intake with proper quality and quantity, (iv) Socio- economic inequality, (v) Faulty practice of breast feeding, lactating, (vi) Lack of proper knowledge of breast feeding, lactating child rearing and weaning, (vii) Poor food habits, (viii) Poor health condition, (ix) Vitamin deficiency, anaemia or iron deficiency, (x) Unhygienic habits and infections, (xi) War and socio-political crisis, (xii) Superstition and social practices, (xiii) Poverty, (xiv) Natural calamities, famine and pandemics like Covid-19, (xv) Gap in government policies and programmes, (xvi) Lack of proper knowledge about nutrition and nutritional health status, (xvii) Migration, (xviii) Early marriage and pregnancy before proper age.

• Significance

According to medical health reports, malnourished pregnant women have more chance to give birth to malnourished children. Effect of malnutrition on maternal health can shorten the working life span of malnourished women and children which can directly hamper the socio-economic growth and human resource development. My research will help to find out the reasons and gaps between initiatives, implementation and reality at grass root level regarding malnutrition basically at rural areas. Except this, my research will make people serious about the consequences and effects of malnutrition on maternal and child health which has now become a major serious socio-economic issue at present time and also will bring awareness in community.

• Objectives

The main objectives of this research paper are as following:-

1. To study malnutrition and its effect upon the maternal and child health in rural areas of India.
2. To explore the liable factors behind malnutrition problem and what are the indicators to measure it properly and to also know about the Maternal Health Care, SAM (Severe Acute Malnutrition) child.
3. To know the what initiatives have been taken by the governments for the eradication of maternal and child malnutrition. And also, to know these are properly working or not in rural areas.
4. To understand the roles of health departments and different wings which are related to this matter.
5. To know whether socio-economic aspect including illiteracy, gender biases, lack of awareness, social practices, poverty, ignorance of family members and self also have any major role in this matter or not, if yes, then how.
6. To know the initiatives which have been taken by both state and central government to bring awareness among the people about malnutrition.
7. Should malnutrition topic get included at school level syllabus at every educational institute?

• Methodology

Methodology is a very crucial part of any research process to solve the research problem systematically and scientifically. A research design is a systematic planning based on scientific methods which directs the research. Descriptive and analytical methods have been used in present study. It is Mix Research Method by nature. Data will be collected by both from primary and secondary sources. Primary data has been collected through fieldwork from selected 4 villages of the district North 24 Parganas of the state West Bengal. Total 100 respondents have been chosen through stratified random sampling method, 25 respondents from each village. Questionnaire with close-ended type has been used as data collection tool. Along with this, schedule has also used during data generation. Secondary data had been collected from government health reports and gazettes, various journals and books including medical journals, print and electronic media, different websites, videos and so on.

• Data Analysis and Findings

Number of total respondents were 100 and all of them were women of rural area. Age limit of these respondents was 18-60 years. Awareness is a very important factor in malnutrition. Only through creating awareness, malnutrition can be eradicated from society. But 82% of total respondents, said that they don't have clear knowledge about malnutrition and more of this, only 41% respondents become aware about malnutrition from ICDS centre, 16% respondents get information from Health centre, 29% from books and newspapers while 14% respondents said that don't get any information from anywhere about malnutrition. Non vegetarian food habit is very common in daily food intake among Bengali people and this study took place in rural area of West Bengal. Interestingly, total 59% respondents said that in every week they eat sufficient nutritious food including egg, fish, milk and fruits in daily basis but surprisingly 40% said they ate it often and 1% said they ate it rarely. Poverty is a crucial factor in the malnutrition. 90% of the total respondents, think that poverty is a major reason for malnutrition. Besides this, literacy is a major factor in the matter of malnutrition and more than 80% respondents, opine that illiteracy is a serious problem in this context. Gender discrimination and biasness is another major factor of malnutrition which starts from the family where the children lives. Surprisingly, only 35% respondents think gender discrimination is a problem regarding malnutrition. On the other hand, 91% respondents opine that they think women are responsible for their own malnourishment. Family is a vital institution in societal aspect and 88% respondents have opined that family has big role in making good health of the women. But on the other hand, 80% respondents think that negligence of the family members towards women is liable for the malnutrition among women. Sometimes some social customs, rituals and practices promote gender biasness which is inter-related with malnutrition. Most interestingly, 66% women think social customs and rituals, a burden to eradicate malnutrition among women. Women empowerment can help to eradicate malnutrition among women as it was opined by 79% women. The issue of marriage and pregnancy of girls

in early age is a major reason for creating serious malnutrition which create complications during pregnancy and child delivery, even maternal death also. This is a responsible factor for infant and maternal mortality or malnutrition among children and women as opined by 99% women. 100% women think that those pregnant mothers who are suffering from malnutrition, have more chance to give birth of malnourished children. Apart from this, 77% respondents think that women of rural areas are more suffering from malnutrition than the women of urban areas. And lastly, 100% respondents have opined that malnutrition concept should be included at school syllabus from primary level because they think that by creating awareness from earlier stage of life, will lead to a malnutrition free society.

- **Conclusion**

At concluding point, it is clear that major basic problems which are more liable in this complicated issue are- (i) Poverty and illiteracy among the women of rural areas is one of the major obstacles, (ii) Lack of clear concept and awareness in community about the effects of malnutrition or about the benefits of the govt. schemes of programmes which are running for removal of malnutrition, (iii) In making awareness campaigns regarding women and child malnutrition, somehow, there is a clear gap between the community health service provider and the community. With the help of community health service providers and government school teachers, both state and central government should have to take some serious efforts and initiatives to make campaigns and programmes among students and also among common people in community, so that mass awareness can build up in society because without having self-awareness it is impossible to eradicate malnutrition easily from society. By giving special attention to maternal and child healthcare, various awareness programmes, camps and workshops should be conducted in community, especially in rural areas, from the side of government and non- governmental organizations. And lastly, it is now the time to include the concept of malnutrition in syllabus of every educational institution from primary level as soon as possible. Besides this, it is more important to enhance female literacy rate because literate mothers are more aware about child healthcare than illiterate mothers.

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