



ORIGINAL ARTICLE

Cultural Influence on Malnutrition in Satpura Region of Nandurbar District (M.S.)

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ABSTRACT

Malnutrition has become major public health issue for the government. It is more serious for the government of developing countries like India. Rural part of India is very prone to malnutrition. It leads to miserable life, high morbidity and mortality. There are several studies which have thrown the light on the factors responsible for causing malnutrition. This district has many incidences of malnutrition as per the government record. The objective of this study is to find the cultural status of the people affected by malnutrition in rural area of Nandurbar district located in the Satpura region of the state.

Key words: Malnutrition, Morbidity, Mortality, Cultural, Miserable, Incidence

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INTRODUCTION

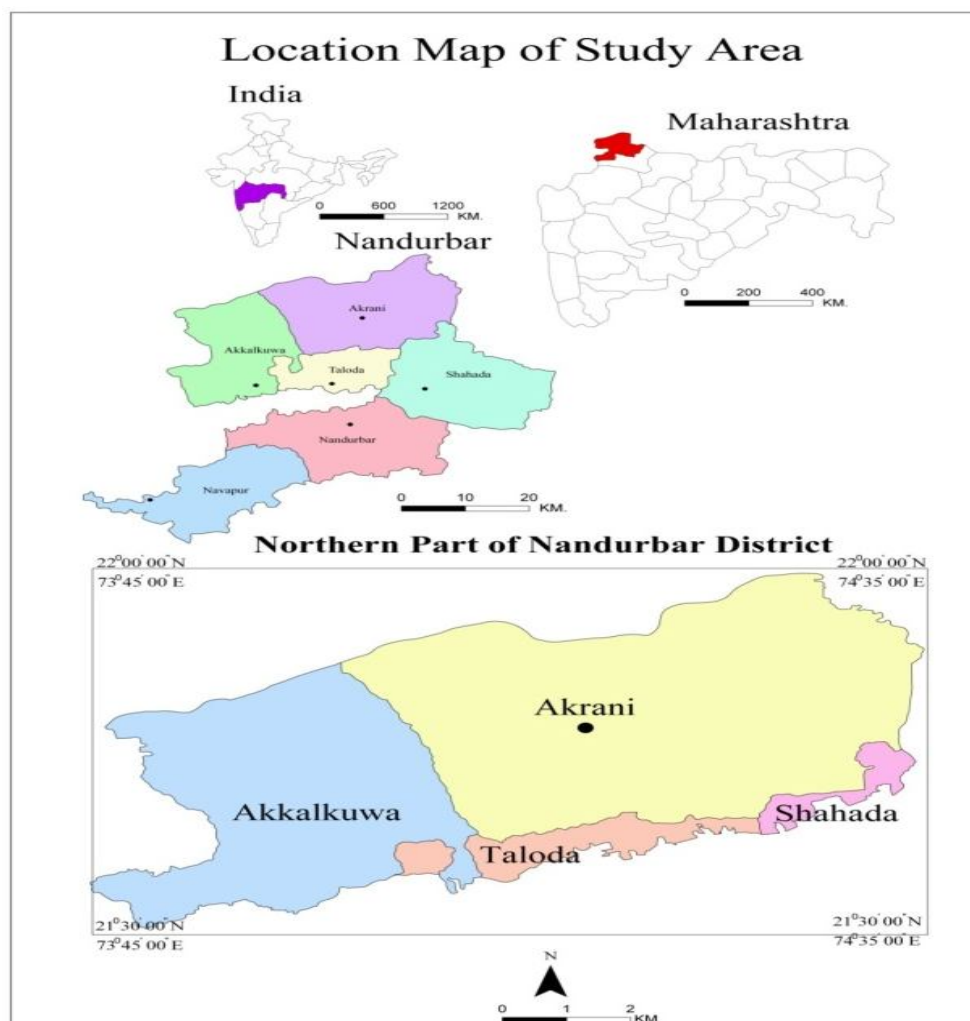
Malnutrition is a man-made disease. It is a disease of human society. It begins quite commonly in the womb and ends in the grave. The great advantage of looking at malnutrition as a problem in human ecology is that it allows for variety of approaches towards its prevention. This paper deals with cultural influences on malnutrition. Lack of food is not the only cause of malnutrition too often there is starvation in the midst of plenty. People choose poor diets when good ones are available because of cultural influence which very widely from country to country and from region to region. Food habits are among the oldest and most deeply entrenched aspects of any culture. They have deep psychological roots and are associated with affection, warmth, self image and social prestige. The family plays an important role in shaping the food habits. These habits are passed from one generation to another. Religion has a powerful influence on the food habits of the people. Hindu do not eat beef and Muslim do not eat pork. Some orthodox Hindus do not eat meat, fish, egg and certain vegetables like Onion, Garlic etc. In some communities men eat first and women eat last and poorly. Consequently, the health of women in this society may be adversely affected leading to serious malnutrition.

STUDY REGION

The study area covered up for knowing the cultural status of the people suffering from malnutrition in Satpura region. It consists of whole part of Akrani; Northern part of Akkalkuwa, Taloda and North western boundary of study area is occupied by Narmada. The latitudinal extent of study area is 21° 31' N to 22° 0' N and longitudinal, extent is 73° 45' E to 74° 35' E. Climate of the whole study area is hot and dry, Light soil has been common. The average rainfall of the area has been 792.75 mm. The highest temperature

recorded has been 43^o C. According to the 2011 census, area of study has been 29707 sq.km. The total population of the study area has been 348374.

Fig. 1: Location Map of Study Area



OBJECTIVES

The objectives of this research paper are as follows-

1. To search cultural status of the people suffering from malnutrition in Satpura region.
2. To find out the cultural influence on malnutrition as well as customs adopted by the society.
3. To acquire the knowledge of food habits and thinking of the tribal people in study area.

HYPOTHESES

Lack of proper understanding of the implied meaning of the cultural traditions is widely observed by the researcher among the people suffering from malnutrition of the study area.

METHODS & MATERIALS

This research paper is prepared to realize the abovementioned objectives and hypotheses. The data of cultural as well as malnutrition related with 2010 and 2011 have been obtained from primary as well as secondary sources. The gathered data are analyzed

with Statistical method and arithmetical calculations have been made. Various tables and Maps are prepared with Computer. Geographical information systems such as Auto cad, Arc GIS, Arc view and Illwis have been used for mapping and interpret it.

FINDINGS AND RESULTS

The data gathered for research work have shown that the concept of malnutrition is not only related with the medical terminology but it is also related with cultural background of the people. Of course, for the eradication of malnutrition, medical treatment is must for every mal-nutrient person. According to medical Science, lack of sufficient vitamins, minerals and proteins causes' malnutrition, but researcher has not confined research work to the medical science only. Among the responsible causes certain cultural habits are also found to be responsible for malnutrition. It is only because of the good cultural practice of the people, who involved themselves in the task of eradication of malnutrition. They are Anganwadi workers.

1. ERADICATION PROGRAMME:

Anganwadi workers are supposed to be serving the very purpose of Anganwadi. The main purpose of Anganwadi is to bring up all the children in the most appropriate way. The parents of the enrolled children should be guided properly. However there are many purposes to be served and services to be provided. They are listed in the following table.

Table 1: Tasks Performed by Anganwadi Worker

Sr.No.	Purpose and Service	%
1	Eradication of Infant Mortality	4.84
2	Education and Eradication of Malnutrition	16.13
3	To Create General Awareness	20.97
4	Healthand Education	22.58
5	Kids Education	1.61
6	Education of Children, Pregnant Women and Feeding Mother	8.06
7	Awareness of Malnutrition	6.45
8	Education, Health of Mother and Reduction In Infant and Mother Mortality.	4.84
9	Reduction of Malnutrition among Children	1.61
10	Reduction of Mother Mortality	1.61
11	Not Reported	1.61
12	To Educate Pregnant Women Regarding Children Diet	4.84
13	To Educate Pregnant Women Regarding their Own Health	4.84
Total		100.00

(Source: Field Survey, 2015)

2. INVESTIGATION OF MALNUTRITION:

Social and cultural activity is not confined to any social and cultural program, but it is far ahead of it. Such as to find out the children in the given area suffering from malnourishment The total Anganwadis functioning in the study area have been enjoying government grant. On personal meeting with the Anganwadi workers researcher came to know that government grant was utilized for investigating the malnutrition and its eradication.

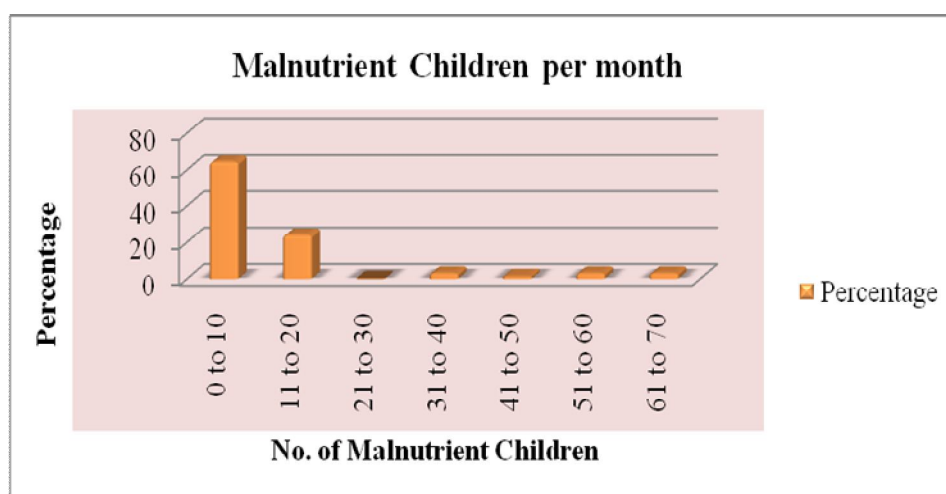
3. MAL-NUTRIENT CHILDREN PER MONTH:

The disease of the malnutrition comes into existence right from the birth but it may develop at the later stage also. It means the number of malnutrient children may very from month to month. Recording of malnutrient children per month in respective Anganwadis is mentioned in the following table.

Table 2: Mal-nutrient Children per Month

Sr. No.	No. of Mal-nutrient Children	%
1	0 to 10	64.52
2	11 to 20	24.19
3	21 to 30	0.00
4	31 to 40	3.23
5	41 to 50	1.61
6	51 to 60	3.23
7	61 to 70	3.23
Total		100.00

(Source: Field Survey, 2015)

Graph 1: Showing the Mal-nutrient Children per month

4. SEVERE MAL-NUTRIENT CHILDREN IN A YEAR:

There is no question that malnourishment is a curable disease, provided proper care is taken and treatment is provided. Malnourishment is categorized as severe mal-nutrient children, moderate mal-nutrient children and normal mal-nutrient children. Statistical analysis of severe mal-nutrient children in year is mentioned in the following table.

Table 3: Severe Mal-nutrient Children in a year

Sr. No.	Mal-nutrient children	%
1	0 to 5	85.48
2	6 to 10	11.29
3	11 to 15	0.00
4	16 to 20	1.61
5	Not Reported	1.61
Total		100.00

(Source: Field Survey, 2015)

According to medical protocol, malnutrition can be classified in three categories, Viz, severe malnutrition, moderate malnutrition and normal malnutrition. The causes of severe mal-nutrient children shown by Anganwadi workers in their questionnaire response are up to 5 only in 85 % of the total anganwadis. 11 % anganwadis record show that 6 to 10 severe mal-nutrient children were there during a year. There is Anganwadi which shows that around 16 to 20 severe mal-nutrient children were found during a year.

5. MODERATE MAL-NUTRIENT CHILDREN IN A YEAR:

Following table shows the statistical analysis of the moderate mal-nutrient children in a year.

Table 4: Moderate Mal-nutrient Children in a year

Sr. No.	Moderate Mal-nutrient children	%
1	0 to 10	79.03
2	11 to 20	8.06
3	21 to 30	1.61
4	31 to 40	1.61
5	41 to 50	1.61
6	51 to 60	4.84
7	61 to 70	0.00
8	70 to 80	1.61
9	Not Reporting	1.61
Total		100.00

(Source: Field Survey, 2015)

Moderate malnutrition among the children was also found in the study area of the researcher. The study area of the researcher having 62 % Anganwadis in all. On analysis of the filled up questionnaire, the researcher found that 79 % of total Anganwadis mention only maximum '10' moderate mal-nutrient children in a year and 8 % of the Anganwadis mention '20' moderate mal-nutrient children in a year. However 5 % Anganwadis have maximum '60' moderate mal-nutrient children in a year on their record.

6. NORMAL MAL-NUTRIENT CHILDREN IN A YEAR:

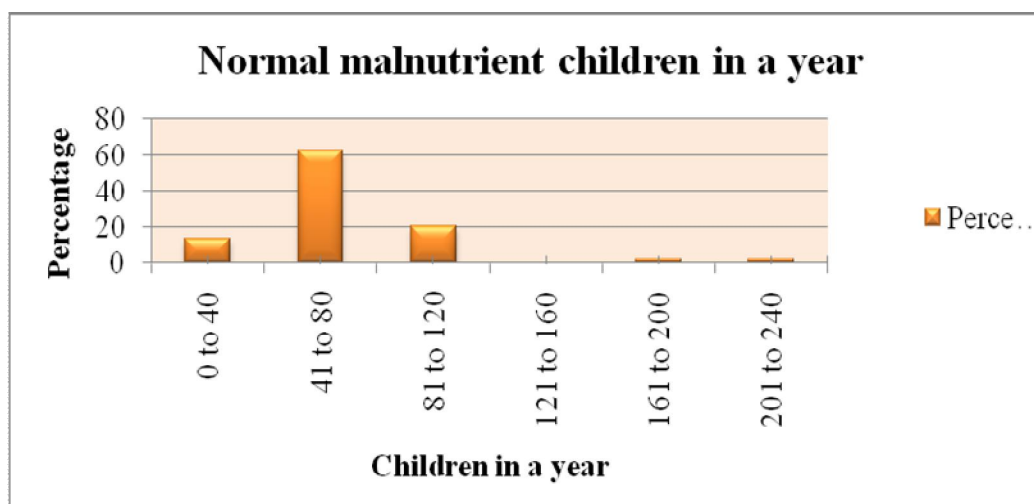
Statistical analysis of the normal mal-nutrient children in a year is mention in the following table.

Table 5: Normal mal-nutrient children in a year

Sr. No.	Normal mal-nutrient children	%
1	0 to 40	13.56
2	41 to 80	62.71
3	81 to 120	20.34
4	121 to 160	0.00
5	161 to 200	1.69
6	201 to 240	1.69
Total		100.00

(Source: Computed by researcher 2015)

Prevalence of Normal Malnutrition among children in the study area of researcher is very important. Out of total anganwadis 60 % of the anganwadis have maximum 80 children on their record belonging to the normal malnutrition category. 19 % of the anganwadis record show maximum 120 normal mal-nutrient children in a year.

Graph 2: Showing the Normal mal-nutrient children in year

CONCLUSIONS

1. Researcher has concluded that cultural habits play a vital role in maintaining the physical and mental health of the people.
2. It is concluded that reduction in the number of females cause malnutrition because new born children cannot be looked after by males properly.
3. Eating habits of the family members cause the problem of malnutrition.
4. The people dependent of agriculture for their livelihood are very prone to malnutrition.
5. If the measures taken by the government for bringing the condition of malnutrition under control, implemented properly. The rural area can also show good progress in this regard.

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