



REVIEW OF RESEARCH



VOLUME - 6 | ISSUE - 9 | JUNE - 2017

“STUDY OF DISTRIBUTION OF MALNUTRITION (NORMAL CHILD, MAM AND SAM) IN NASHIK DISTRICT”

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ABSTRACT

Malnutrition is the major problems faced by all developing countries. Malnutrition is very dangerous for the mental and physical development of the human being. The area where people get nutritional diet not suffer from problem of malnutrition, but the areas which are known as backward, hilly, educationally and industrially underdeveloped suffer from malnutrition. Malnutrition is an unhealthy condition caused by poor intake, absorption or use of nutrients by the body; symptoms of malnutrition include cramps, diarrhea weakness and weight loss.

Malnutrition is a state of physical body which does not get required diets containing necessary vitamins, minerals and proteins essential for brain and physical development. Malnutrition was determined on the weight according to the age. Later on the same norm of the weights was connected with height, of course the factors responsible for the malnutrition need to be identified and addressed. Central governments as well as state government both have undertaken various programmes, for the eradication of malnutrition all over India. As per this criterion malnourished children are divided into three types. They are normal children, second is MAM (moderate acute malnutrition) and the third is SAM (severe acute malnutrition).

KEYWORDS: Normal Child, MAM, SAM.

OBJECTIVES:

- To study the normal children, MAM (moderate acute malnutrition) and SAM (severe acute malnutrition) in the Nashik District.
- To assess the Distribution of Malnutrition in Nashik District

MATERIALS AND METHODS:

The present study is primarily based on both secondary and primary data. The secondary data have been obtained from Statistical Handbooks, District Census Handbook, Socioeconomic Abstract of Nashik District, Tribal Development Department Nashik, Tribal Research and Training Institute, Pune, Zilha Parishad Nashik District Report 2013-14, Times of India-2014 and District Census Handbook of Nashik District.

Table: Distribution of Malnutrition in Nashik District-2014

Sr. No.	Name of Tahsils	Surveyed Child between 0 to 6 Age group	No. of Child to take a weight	%	Normal Child	%	MAM Child	%	SAM Child	%
1	Peint	16893	14701	87.02	10867	73.92	3225	21.94	609	4.14
2	Harsul	11854	11232	94.75	8274	73.66	2258	20.10	700	6.23
3	Surgana	16270	15125	92.96	12341	81.59	2393	15.82	391	2.59
4	Barhe	7769	8002	90.22	7011	87.62	792	9.90	119	2.49
5	Igatpuri	25438	24540	96.47	20172	82.20	3412	13.90	956	3.90
6	Dindori	20033	19537	97.52	17577	89.97	1516	7.76	444	2.27
7	Umrale	15119	14727	97.41	12610	85.63	1785	12.12	332	2.25
8	Kalwan 1	14801	14381	97.22	13083	90.92	1163	8.08	143	.99
9	Kalwan 2	9383	8751	93.26	7440	85.02	1162	13.28	149	1.70
10	Nashik	22433	21865	97.47	19771	90.42	1754	8.02	340	1.55
11	Trimbak	10207	9841	96.49	7711	78.29	1549	15.73	589	5.98
12	Deola	16018	15592	97.34	14494	92.96	919	5.89	179	1.15
13	Baglan 1	28713	27787	96.77	26888	96.76	763	2.75	163	0.49
14	Baglan 2	12853	11882	92.45	11131	93.68	590	4.97	161	1.35
15	Sinnar 1	17100	15869	92.80	14677	92.49	1010	6.36	182	1.15
16	Sinnar 2	15384	14338	93.20	13150	91.71	988	6.89	200	1.39
17	Niphad	16941	16530	97.57	15773	95.42	602	3.64	155	0.94
18	Manmad	17328	16969	97.93	15871	93.53	933	5.50	165	0.97
19	Pimalgaon	13605	13271	97.55	12427	93.64	682	5.14	162	1.22
20	Yeola 1	13102	12149	92.73	11415	93.96	630	5.19	104	0.86
21	Yeola 2	12210	11497	94.16	10918	94.96	515	4.48	64	0.56
22	Nandgaon	25360	23279	91.79	22680	97.43	492	2.11	107	0.46
23	Chandwad 1	15332	15176	98.98	14343	94.51	695	4.58	138	0.91
24	Chandwad 2	9420	9302	98.75	8702	93.55	490	5.27	110	1.18
25	Malegaon	31576	29969	94.91	27875	93.01	1741	5.81	353	1.18
26	Ravalgaon	24199	23079	95.37	21157	91.67	1576	6.83	346	1.50
	Nashik District	440441	419407	95.00	378358	90.00	33635	8.00	7414	1.77

Source: Zilha Parishad Nashik District 2014

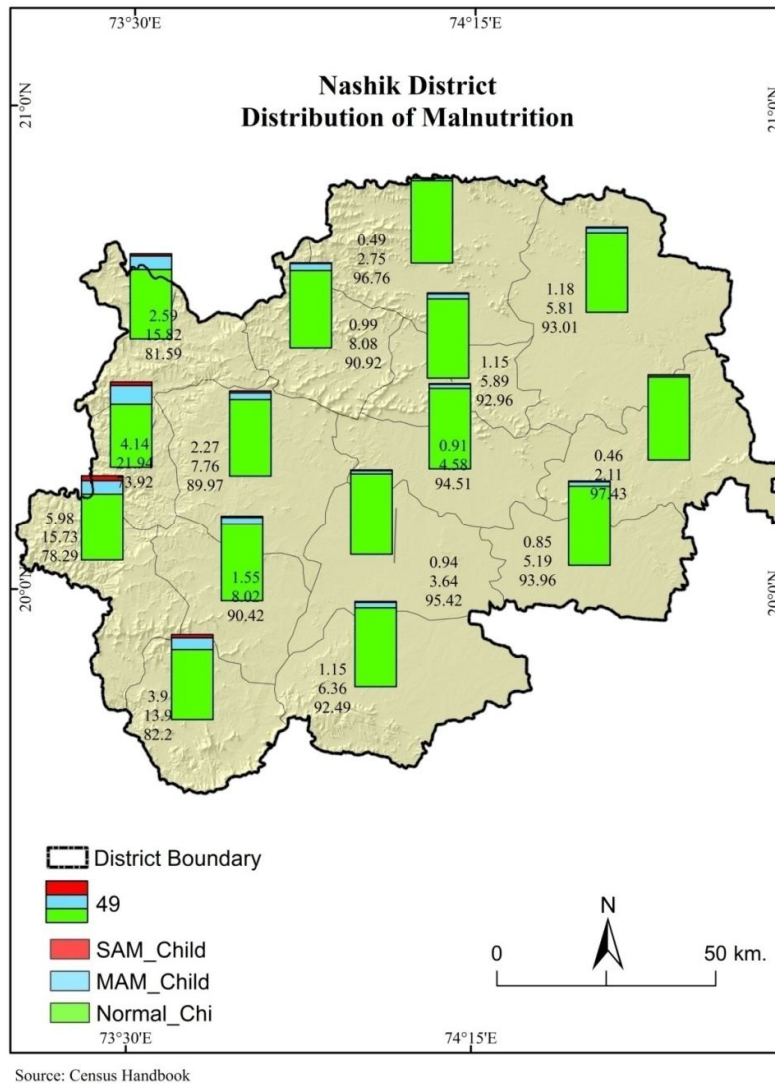


Fig.: Distribution of Malnutrition in Nashik District-2014

Normal Child:

According to socio-economic survey of 0-06 age children in Nashik district total children are 440441 out of them 419407 children had been weighed. It is 90 percent children are normal children out of them.

- Moderate Acute Malnutrition (MAM):**

MAM affects a greater number than SAM. While children suffering from both moderate acute malnutrition and severe acute malnutrition are susceptible to fullness, severely malnourished children are at greater risk of medical complication and death from illness, infection and micronutrient deficiencies.

As per Table, it is observed that western part of Nashik district is highly affected by MAM. In this part concentration of tribal community is a high Point (21.94) Tahsil is found to be more affected by MAM. It followed by harshly (Trimbak 20.10), Surgana (15.82), Trimbak (15.73), Barhe (Surgana 15.82), Igatpuri (13.90), Kalwan (13.28) under come to MAM category. It is because of these Tahsil is situated in remote

areas and because of it agriculture has also become difficult to be undertaken; transportation and medical facilities are also not fully available which ultimately results in malnutrition. In other tahsil like Dindori, Nashik, Deola, Sinner, Niphad, Yeola, Nandgaon, Chandwad, Malegaon is also affected by MAM. Their percentage is within the range of 2 to 9 percent. 8 percent of child in the Nashik district has under the MAM category.

- **Severe Acute Malnutrition:**

In Nashik district, there are 419407 children had been weighted 419407 out of 7414 children come under severe acute malnutrition. This percentage is 1.77 percent. The highest severe acute malnutrition percentage is in Harsul (Trimbak) which is 6.23 percent. After that come Trimbak and Peint having percentage 5.98 percent and 4.14 percent, respectively. In Igatpuri Tahsil this is 3.90 percentages. From this we conclude that in west Nashik district it means in Peint, Trimbak, Igatpuri and Surgana there are highest children in severe acute malnutrition. However, in Malegaon, Chandwad, Nandgaon, Yeola, Niphad, Sinner, Baglan, Nashik and Dindori this percentage is generally 0-3 percent.

CONCLUSION:

From the above study following conclusion have been drawn

- 1) Geographical, social, economic factors have a large impact on creating malnutrition among the children.
- 2) Peint, Surgana, Trimbak, Igatpuri, Kalwan, Baglan, tahsil are very susceptible tahsil to the malnutrition of the categories viz. SAM and MAM.
- 3) So far as the MAM is concerned Nandgaon Tahsil is less affected.
- 4) Regarding SAM Nandgaon Tahsil is less affected.
- 5) There is positive correlation (r value =0.8175) between malnutrition and BPL people.

REFERENCES:

- Bhende, Asha, Kanitkar, Tara. (2004). Principles of Population Studies. Himalaya, Publishing House.
- Chandna, R.C. (2004). Geography of Population: Concepts, Determinants & Patterns. Kalyani Publication, New Delhi P135.
- Davis, Kingsly. (1955). Social and Demographic Aspects of Economic Developments in India. In Simson Kuznets, Economic Growth: Brazil, India, Japan, Duke University Press, Durham.
- Franklin(1956). The Patterns of Sex Ratio in New Zealand. Economic Geography Vol.32.
- Jha, Prabhat (2012). "Counting the dead is one of the world's best investments to reduce premature mortality".
- Mitra B. India's mortality measurement systems. In: Asma S, Jha P, Gupta PC, editors. Centers for Disease Control and Prevention. Counting the dead in India in the 21st century. Proceedings of the International Workshop on Certification on Causes of Death, Mumbai. US Centers for Disease Control; 1999.
- Pagliaro, Jennifer (March 28, 2012). "How Toronto-based epidemiologist Prabhat Jha is counting the dead to save the living". Toronto Star. Retrieved 29 August 2012.
- Trewartha, G.T. (1953). A Case for Population Geography. Annals of Association of American Geographers P71-97.