Implementation And Progress Of A Poshan Abhiyaan For Malnutrition Among Children Of Scheduled Tribes In Panna District, Madhya Pradesh, India

Researcher: Aditya Vikram Singh, Devansh Singh and
Professor Dr. Inka Barnet

(Student at Institute of Development Studies, University of Sussex, UK)
: CEO, IES University Bhopal Madhya Pradesh India
(Senior Research Fellow Convenor of MA Poverty and Development
, Health and Nutrition Cluster, Research Associate ODID, University of Oxford
Institute of Development studies)

Abstract

The prevalence of malnutrition in children under the age of five is relatively high in India. It is especially among those belonging to ethnic minorities like Scheduled Tribes (STs). India has launched its own flagship programme to improve nutritional outcomes for young children, pregnant women, and lactating mothers.This programme is known as Poshan Abhiyaan or the National Nutrition Mission, which aims to address the problem of undernutrition and child mortality.The purpose of the paper is to explore the implementation of Poshan Abhiyaan in the Panna district, Madhya Pradesh, India. Itwas mainly focused on the severely malnourished children(SAM) of the ethnic minorities andexplored the progress of the Poshan Abhiyaan in Panna. It elaborately understands the shortcomings of the programme in terms of barriers to its implementation faced by key stakeholders.

Keywords: Poshan Abhiyaan, Undernutrition, Panna, Severe Acute Malnutrition, Anganwadi.

Introduction

Malnutrition is a complex phenomenon and has become a universal problem that impedes human development[1,2].In most developing countries, children and adults are at risk of malnutrition[3,4]. This is due to the inadequacy of food intake, sanitation, social inequalities, diseases, mother factors, gender, and inequality in food distribution of food within the family[5].It is

estimated that 26 % of children in the world suffered from stunting in 2012 and nearly 3 % suffered serious injuries. 45 % inof deaths of children under the age of five are simply due to low weight[4].

There is a high incidence of undernutrition in India among children under five years of five years. As of 2015, the national prevalence of under-five weight is 2.4%. The national prevalence of There is 37.9% stunting, which is higher than the developing countries of 25%. India's prevalence of under-five wasting of 20.8% is also higher than the developing countries of 8.9%[6].Malnutrition has a significant impact on the immune function and cognitive abilities of children and is one of the main causes of child mortality. In Madhya Pradesh, only 38.1% of children between the ages of six and eight months receive solid, semi-solid foods and milk. And 6.6% of children aged 6-23 months receive an adequate diet[7]. The probable causes of these conditions are the poor socioeconomic scenario, high rates of illiteracy, and unhygienic living conditions in the tribal belt[8].It can significantly reduce mental capacity and physical growth and lead to learning disabilities and an increase in the risk of diabetes and high blood pressure in the future[9].

According to the National Food Security Act (NFSA), 2013, Madhya Pradesh's disempowered population mainly depends on the prerogatives of food and nutrition decree. Although the state is well equipped with natural and human capital reels, its class of poverty has not improved especially in its health and nutrition tag. The state experiences domestic violence on married women with the touch of gender-based discrimination stating it's direct relation to the poor nutrition of the population. Studies state that MP is counted among the bottom 5 states in India. The problems are also inhibited by the children, resulting in a reduction in their Intelligence quotient (IQ)[10].

The problem of malnutrition in India has also been noted as a concentrated phenomenon; A relatively small number of states, districts, and villages account for a significant proportion of the burden of malnutrition - only 5 states and 50 % of the villages account for approximately 80 % of the burden of malnutrition [11].This may be due to a number of reasons: limited access to education, low gender status, poor child nutrition practices, etc. Universal interventions not adapted to local dynamics were observed to not significantly control malnutrition. Studies have shown that intensive interventions in this sector should be based

on a deep understanding of the socioeconomic characteristics of the communities and regions concerned. In this paper, we draw attention to identify the challenges amongSeverely Acute Malnourished (SAM) during the successful implementation of Poshan Abhiyaan of tribal population in the Panna District of Madhya Pradesh, India.

Methods

This work aimed to explore the obstacles faced by major stakeholders, mainly government authorities, nongovernmental workers, and beneficiaries, in the successful implementation of Poshan Abhiyaan in the tribal population in the Panna District of Madhya Pradesh in India. It wasspecifically focused on the implementation challenges among SAM children.In this work, qualitative approach-based analysis was carried out to gain in-depth insight into challenges and barriers in the implementation of Poshan Abhiyaan among ethnic minorities in the Panna district ofMadhya Pradesh, India, with special emphasis on children with SAM. In addition to this, quantitative techniques have also been used to perform a basic descriptive analysis of the secondary data. The questionnaire had sections on socio demographic data, birth history, obstetric history of mother, dietary habits, Anganwadi beneficiary status, etc. as given in **Table 1**.

Table 1.Questionnairefor the development of research project from theAnganwadi Workers & District Program Officer.

S.No	Questions	Prompts
Anganwadi Workers		
1.	Do you think Poshan Abhiyan has helped reduce the problem of malnutrition? Why/why not?	• Are there fewer deaths after its implementation? • Are they able to enjoy the benefits of it?
2.	Based on your experiences, is there anything that could be done in a better way for the implementation of Poshan Abhiyan?	• Any more benefits do they think they require? • What are thechallenges they face to receive the food aid?
3.	How do you reach a child that belongs to the SAM category especially in ethnic minorities?	• Any issues they face in the implementation? • How does a child react?
4.	Thinking about nutrition aid for families with SAM children, are there additional challenges when you provide aid to ethnic minority families?	• Accessibility? • Acceptance of foods?

5.	As Anganwadi workers, what are your perceptions regarding AP? Are there specific problems that you face in its implementation?	• Fulfilling the requirements? • Issues on the ground?
District Program Officer		
1.	How do you intend to implement the plans of the government?	• Efforts on your part? Are they achieved?
2.	What are the limitations or challenges you face during the implementation of this program in ethnic minority families?	• Are you satisfied with the running of the program? How positive has it been?
3.	How do you reach an SAM child or lactating women who come under Poshan Abhiyan?	• How do you convince them? Any explanations?
4.	Based on your experiences, how has Poshan Abhiyan been helpful?	• Is there improvement? Has it been successful as of now?
5.	What are your perceptions on the implementation of PA? Do you have any suggestions to improve it better for the ethnic minority families?	• Do you have the proper aid? Challenges in practically running the program?

Results and Discussion

Qualitative analysis

Based on interviews conducted with Anganwadi Workers and the District Nutrition Officer, positive impacts of Poshan Abhiyaan were noted. There has been a significant decrease in the number of children suffering from undernutrition both in the yellow and red category. The government officials and Anganwadi workers have been able to deliver supplies to the families in time, as per the schedule proposed by the programme. The respondents have repeatedly assured the interviewer about the absence of corrupt middlemen in the entire procedure, thus, ensuring that the entire government funding is being used in the implementation of the program without laundering. The awareness programs have been successful to some extent in spreading the word about the problem of undernutrition and the measures that are being taken as a part of the Poshan Abhiyaan to alleviate the problem. From the secondary data collected through the various sources, it can be clearly seen that the response of the interviewees can be verified, as there has been significant decrease in the percentage of children suffering from undernourishment in the state of Panna.

However, there have been several challenges faced by both government officials and beneficiaries which has hindered the

implementation of Poshan Abhiyaan. These challenges can be broken down into a few broad categories. These are:

1. Social conditions of women including child marriage, multiple pregnancy, overpopulation, and domestic abuse.
2. Social conditions of the community as a whole including discrimination against the ethnic minorities and the problem of poverty.
3. The mindset of the people including a Lack of awareness, denial in acknowledging undernutrition, general illiteracy, Acceptance of poor conditions and lack of cooperation.
4. Migration

Social conditions of women

The high number of child marriages in the district contributes greatly to the incidence of food shortages among women and children.It has been statistically proven that children born to expecting brides have higher chances of malnutrition than children born to older women[12]. This results in an increase in the number of deaths of both of the mother and child.Children are at increased risk of stunting than those born to women older than 18. Their physical structure at birth is very weak, they are born underweight, and they stay there for the rest of their lives. It also causes various health problems among children, which increase the rates of infant mortality. According to the DPO, young brides are deprived of the benefits they receive because they are not allowed to interact with the NGO workers who help them.Although there are provisions for them, they are not allowed access to the provisions.

From the information gathered from the District Nutrition Officer, it has been found that in Panna, women undergo multiple pregnancy in their lives, some families having up to 8 to 9 children, with the age gap of children being very small, when they do not have the capacity to fully care for the needs of even one child. The issue of multiple pregnancy is a pertinent one and has a severe negative impact on undernutrition. It represents a "state of increased nutritional requirements, resulting in a greater drain on maternal resources and an accelerated depletion of nutritional reserves"[13]. The incidences of multiple pregnancy leave the nutrition needs of women unattended because even the child does not receive the required nutrients. There is also the problem of inadequate breast milk production, the main primary source of nutrients for the child. The problem of multiple pregnancy leads

to overpopulation of households, causing a shortage of supplies each month. It becomes extremely difficult for government officials to meet the needs of so many people. Therefore, even if officials provide the allotted supplies to households at the beginning of the month, they consume the supply in a very short period of time and then spend the rest of the month starving, leading to undernutrition.

Overpopulation brings with it the problem of overworking. As families have to feed so many children, parents, mainly the women, have to work tirelessly, sometimes even under unsanitary conditions, from early morning to late hours. Thus, they cannot spend time with the children and provide food to the children at regular intervals[14]. As stated above, mothers are unable to provide breast milk to children, which causes further problems. As women are away for work, they cannot attend the awareness programs organized by the officials, because most of them are unaware about the consequences of poverty and the facilities available to them. Unless the problem of overpopulation is met and there is widespread awareness among people about the consequences of having so many children, the problem will not be curbed anytime soon.

There are several cases of domestic abuse facing women of the families considered. There are families where the male members are unemployed and are perpetrators. There are many cases where husbands are drunkards and regularly inflict torture upon their wives, harassing them for money. In such cases, women have no option but to leave their homes for work the entire day to earn a living for themselves and their children. Because of this, women are unable to tend to the needs of children, including the nutrition needs. Women are also unable to take care of themselves, which further rise to the problem of undernourishment among both women and the children. In addition, women with infants are unable to provide them with breast milk at regular intervals because they are busy working outside of their homes[15,16]. Therefore, children are deprived of the most important form of nutrition for them, which causes them to suffer from acute undernutrition with future instances of diseases and deaths. The workers and the DPO stressed that due to the extreme hardships faced by women, they do not have time to think about the problem of undernutrition in their children, as the other problems seem much more important to them. As a result of this, the awareness spread by the officials falls on deaf ears and things continue in the same way.

Social conditions of the community as a whole

From the information collected from the District Nutrition Officer, it has been observed that ethnic minorities face extreme discrimination from those of the district of Panna. Discrimination causes widespread inequality, which can both cause poverty and be a hurdle to alleviating poverty. Thus, poverty leads to further undernutrition among the children and the women of the community. The information collected as the primary data also tells us about the behaviour of the Anganwadi workers towards the ethnic minorities. There are several Anganwadi workers who abstain from going near ethnic minorities to give them food due to preexisting discriminatory attitudes. They also do not clean the utensils in which the food is being offered in, thus, giving rise to further unsanitary conditions that further increase the problem of undernutrition and diseases in children. Unless the attitude and mindset of the people can be changed, their behaviour towards the ethnic minorities will remain the same, and there will be discrimination and equality gaps strongly persisting.

Statistics from all over the world have successfully established the positive correlation between poverty and undernourishment[17]. Poverty leads to a low purchasing power which reduces the consumption incentive of individuals. Due to this, people cannot buy the desired amount of food needed to prevent under-nourishment. As poverty leads to undernourishment, it also causes diseases that hinder the work capability of individuals, thus causing further incidence of poverty. This starts a vicious cycle of poverty, undernutrition, diminished work capacity, low income, and further poverty[18].In Panna, the problem of poverty is very persistent, especially among ethnic minorities. Parentsof families below the poverty line have to work outside of their homes all day and they do not get the time to take care of the needs of the children. The children get food after long intervals, which is very problematic for their health. In addition, they do not have the necessary funding to buy adequate food for the entire family. With the wages earned by the families, barely a day of meal can be sustained. Thus, poverty leads to extreme cases of undernutrition. The DPO had said that poverty does not allow the nutrition programme to be maintained, as the vicious cycle causes greater instances of undernutrition that are difficult to combat by increasing supplies or awareness campaigns.

The mindset of the people

The lack of nutritional food and lack of awareness among poor and affluent families are the cause of wide-spread undernutrition in the area. Lack of awareness of the importance of nutrition, irrational beliefs about food choices and negligent feeding habits are the main causes of undernutrition[22]. It has been observed that there is a general lack of awareness among the people of ethnic minorities. They are unaware of the programs that the government is implementing for them by the government. Most importantly, they are unaware of the concept of poverty and its challenges. Such a lack of awareness makes it very difficult for them to access the facilities made available to them because they do not know that such facilities exist in the first place. It is also difficult to reach out to them because they are wary of the services provided by the government and doubt the government's potential in being able to help them in any way.

The first step to solving a problem is first accepting that there is a problem. From interviews with Anganwadi Workers and the District Nutrition Officer, it has been recognized that the people of ethnic minorities do not consider poverty and undernutrition to be a problem. Due to suffering from undernutrition from ages and experiencing the deaths of several children and women in the region to the same, they have accepted undernutrition as a natural phenomenon that everyone has to face. Therefore,they do nottake extra steps to combat the problem. They have accepted undernutrition as a part of life, which is a dangerous mindset. When asked by Anganwadi workers so as to why they did not consider this to be a serious problem, the majority said that the social problems they face on a regular basis far exceed the problem of undernourishment, which has gained wide acceptance among them. Thus, they do not feel the need to go an extra mile to solve the problem by acquiring more food for the family to feed the children properly, to combat the diseases faced by the children and the women. This also comes from a lack of awareness, as stated earlier. Thus, the mindset of the people poses a serious threat to the implementation and success of Poshan Abhiyaan in Panna.

Low literacy in parents leads to a general lack of understanding of the nutrition needs of both parents and the child. This leads to high cases of undernutrition in children because the parents are not knowledgeable about the causes and consequences of undernutrition. All of this leads to several diseases and severe undernutrition in children under the age of five years of age.Parents who are not literate are unable to explain the

problems faced by their children to the doctors and this communication barrier causes misunderstandings which leads to incorrect diagnosis in several cases. Parents are also unable to fully comprehend the information provided to them by physicians and the various campaigns, so all the awareness programs fall to deaf ears. This is why the education of parents is an important determinant of undernutrition. It has been statistically proven that parents with higher education tend to take better care of their children in terms of their nutritional needs. Furthermore, maternal education has been associated with better nutritional conditions during pregnancy and after birth. This has been shown to be an indirect predictor of better child health throughout life[23]. In Panna, from the interviews conducted, it has been found that there is severe illiteracy among the parents of families of the ethnic minorities which further exacerbates the problem of undernutrition due to lack of knowledge. They are unable to understand their healthcare and therefore nutrition needs and are thus, unable to take steps to meet those needs. This leads to increased instances of under-nourishment among the parents and especially, the children. As parents do not understand the severity of undernutrition, they do not pay attention to the workers who bring them with benefits.

From a lack of awareness and a lack of literacy, there is a lack of cooperation. Anganwadi workers have reported that the people are reluctant to leave their comfort zones and take the necessary steps to ensure that their and their children's nutrition needs of them and their children are met. Anganwadi workers organize regular awareness campaigns to spread the word about the Poshan Abhiyaan and Undernutrition, and several people participate in the campaigns, which is one of the reasons why the program has been successful to some extent. However, the stunted success rate of the program can be traced back to those who do not attend awareness campaigns and do not use the government services and facilities available to them. Due to these adults, children also suffer because food is not reaching them on time and leads to increased cases of under-nutrition among the children. People are also unwilling to allow government intervention in the problem of undernutrition, which they consider to be a private matter of households. There is also a lack of faith among people in the work of the government and the probability of the success of the programs. Unless people are willing to spare some time from their daily lives and take care of their health and wellbeing and nutrition needs, and attend the

campaigns to gain a better understanding about these, a solution cannot be reached easily.

Migration

The people of ethnic minorities are treated negatively by the other members of the village or town in which they reside in. As a result of this, they are not given proper well-paid jobs to sustain themselves and have to perform menial labour under difficult and unsanitary conditions, which not only deteriorates their health, but also does not earn them the basic income to sustain themselves and their huge families. Due to this, many workers migrate from one of these districts to the cities in search of jobs. Due to migration, there is a greater unavailability of people in the awareness programs.

Furthermore, due to the COVID-19 pandemic, migration workers have not been able to return to their families in the districts and therefore their families have been deprived of the funds. Therefore, the children have not getting proper food services for the past few months. Additionally, due to the pandemic, official workers are abstaining from directly going to families and providing them with the food necessary to meet their nutritional needs, because of the chances of a greater spread of the disease. Due to all of this, children are suffering and thus there is widespread poverty and undernourishment with chances of increasing in the future.

Summary &conclusion

Children are the future assets of a country. The main reason for the national recognition of the Poshan Abhiyaan is that it aims to decrease the rate of deaths among children due to undernutrition and to protect the lives of those suffering from undernourishment. India is home to almost a third of the world's entire population of children suffering from SAM. The approach adopted by India to treat this problem is based mainly based on intensive and individual care because community-based approaches which are community-based have not been well tested, studied, or implemented in India, contrary to the African countries.

Currently in India, there is no energy-dense food available that can be given to SAM children to stimulate their growth in them at an earlier stage of life. What Indian children should eat: products produced indigenously, or from corporate-driven bodies from

abroad. Large, global, and national food corporations that see children's hunger and malnutrition as a source of profits may try to influence government policy towards providing their products based on imported technology. Children's hunger can be converted into corporate profits in many ways. Therefore, this native program of Poshan Abhiyan has diversified its roots and made the situations of the ethnic minorities group in the category of SAM Children much better,especially in the Panna district of Madhya Pradesh. It has made an attempt to change the way people look at nutrition and make it an intrinsic part of their lives. Despite several shortcomings, Poshan Abhiyaan has had a positive impact on the tribal community in Panna. According to our interview with the District Program Officer, it has been shown that there is approximately 60% in the numbers of malnourished children after the implementation of Poshan Abhiyan. However, there is still a disparity among the decrease rates of decrease in various communities, with tribal communities suffering the most. Therefore, there must be a radical shift in the way that the problem of undernutrition is currently tackled. Either existing programmes need to be amended or new programmes need to be planned and implemented. To successfully provide relief to Sam children, the government needs to adopt an effective public health approach that would bring about holistic development. The approach adopted will need to be such that it meets the needs of every state and districts. It should provide enough coverage to all sections of the society suffering from undernutrition and should be sustainable in nature and not a mere temporary relief. Due to the large number of undernourished children in India, planning such an elaborate approach could take days or months can will be cumbersome and expensive, which would require huge investment by policy makers. An approach adopted by governments to come up with a sustainable solution to the problem of undernutrition would need to be holistic in every aspect and should aim to explore the primary causes of undernutrition and then remove them issues from the grass-root level rather than simply tugging at the tips. Measures such as poverty reduction, hygiene promotion, clean water, prevention of prenatal macronutrient and micronutrient deficiencies, and promotion of age-appropriate foods and feeding practices for infants and young children should be included in the proposed plans.

References

[1] A.L. Rice, L. Sacco, A. Hyder, R.E. Black, Malnutrition as an underlying cause of childhood deaths associated with infectious

diseases in developing countries, Bull. World Health Organ. (2000). https://doi.org/10.1590/S0042-96862000001000007.

[2] S.C. Debnath, Malnutrition and Morbidity Profile of Under Five Children: A Cross-Sectional Scenario in a Rural Area of Bangladesh, MOJ Public Heal. (2017). https://doi.org/10.15406/mojph.2017.05.00151.

[3] O. Müller, M. Krawinkel, Malnutrition and health in developing countries, CMAJ. (2005). https://doi.org/10.1503/cmaj.050342.

[4] C. V. Kramer, S. Allen, Malnutrition in developing countries, Paediatr. Child Heal. (United Kingdom). (2015). https://doi.org/10.1016/j.paed.2015.04.002.

[5] E. Van De Poel, A.R. Hosseinpoor, N. Speybroeck, T. Van Ourti, J. Vega, Socioeconomic inequality in malnutrition in developing countries, Bull. World Health Organ. (2008). https://doi.org/10.2471/BLT.07.044800.

[6] M. Bhargava, A. Bhargava, S.D. Ghate, R. Shyama Prasad Rao, Nutritional status of Indian adolescents (15-19 years) from National Family Health Surveys 3 and 4: Revised estimates using WHO 2007 Growth reference, PLoS One. (2020). https://doi.org/10.1371/journal.pone.0234570.

[7] S. Doddalingannavar, A. Jain, S.B. Agnihotri, Framework for enhancing maternal nutrition: addressing under nutrition in tribal children inhabiting Central India, Proc. Nutr. Soc. (2020). https://doi.org/10.1017/s002966512000422x.

[8] A. Mildon, J. Francis, S. Stewart, B. Underhill, Y.M. Ng, E. Richards, C. Rousseau, E. Di Ruggiero, C.L. Dennis, D.L. O'Connor, D.W. Sellen, Effect on breastfeeding practices of providing in-home lactation support to vulnerable women through the Canada Prenatal Nutrition Program: protocol for a pre/post intervention study, Int. Breastfeed. J. (2021). https://doi.org/10.1186/s13006-021-00396-y.

[9] M. Besora-Moreno, E. Llauradó, L. Tarro, R. Solà, Social and economic factors and malnutrition or the risk of malnutrition in the elderly: A systematic review and meta-analysis of observational studies, Nutrients. (2020). https://doi.org/10.3390/nu12030737.

[10] S. Chakraborty, S.P. Sarmah, India 2025: the public distribution system and National Food Security Act 2013, Dev. Pract. (2019). https://doi.org/10.1080/09614524.2018.1527290.

[11] E. Bellman, World Bank: India to Become Fastest-Growing Big Economy, Wall Str. J. (2015).

[12] J. Parsons, J. Edmeades, A. Kes, S. Petroni, M. Sexton, Q. Wodon, Economic Impacts of Child Marriage: A Review of the Literature, Rev. Faith Int. Aff. (2015). https://doi.org/10.1080/15570274.2015.1075757.

[13] A.K. Kapoor, M. Dhall, Poverty , Malnutrition and Biological Dynamics among Tribes of India, Heal. Sci. J. (2016).

[14] P.L. Chinn, Man-Made Women: How New Reproductive Technologies Affect Women . Gena Corea , Renate Duelli Klein ,

Jalna Hanmer , Helen B. Holmes , Betty Hoskins , Madhu Kishwar , Janice Raymond , Robyn Rowland , Roberta Steinbacher Reproductive Rights and Wrongs: The Global Politics of Population Control and Contraceptive Choice . Betsy Hartmann Reproductive Technologies: Gender, Motherhood and Medicine . Michelle Stanworth , Signs J. Women Cult. Soc. (1990). https://doi.org/10.1086/494593.

[15] D. Woodlock, M. McKenzie, D. Western, B. Harris, Technology as a Weapon in Domestic Violence: Responding to Digital Coercive Control, Aust. Soc. Work. (2020). https://doi.org/10.1080/0312407X.2019.1607510.

[16] E. Antoniou, G. Iatrakis, Domestic violence during pregnancy in Greece, Int. J. Environ. Res. Public Health. (2019). https://doi.org/10.3390/ijerph16214222.

[17] S. Klasen, Poverty, undernutrition, and child mortality: Some inter-regional puzzles and their implicationsfor research and policy, J. Econ. Inequal. (2008). https://doi.org/10.1007/s10888-007-9056-x.

[18] U.K. Khattak, S.P. Iqbal, H. Ghazanfar, The Role of Parents' Literacy in Malnutrition of Children Under the Age of Five Years in a Semi-Urban Community of Pakistan: A Case-Control Study, Cureus. (2017). https://doi.org/10.7759/cureus.1316.