Malnutrition: The biggest threat for future Indian population

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Abstract

India is a democratic republic with a federal structure consisting of 28 states and seven union territories and (lower) middle-income country by the World Bank in 2012. India, second most populated country in the world with an estimated 129,58,12,351 people (11-07-2015: World Population Day). Food problem of people is a very universal fact in our country. Food problem does not mean unavailability of food but lack of proper nutritious food and their poverty level.

283 total populations vary in 45 families, number of members 6.28 or 6 and more in each family. As per BMI result person belongs in 29 normal, mild thinness 92, moderate thinness 27, pre-obese 72, obese 41 and obese grade-III 22 category. Normal percentage is 10.25% and malnutrition percentage is 89.75%.

Productive asset lessens remunerative joblessness and social and gender injustice and inequalities are the major causes of this malady, besides destitution, illness, disability, old age, widowhood etc. Another equally important cause is inefficient and ineffective implementation of, and huge leakage in, government’s schemes meant to overcome hunger and malnutrition. Besides, low level of awareness about dos and don’ts of balanced food, health and hygiene.

Keywords: BMI, Food, Nutrition

Introduction

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Food problem of people is a very universal fact in our country. Food problem does not mean unavailability of food but lack of proper nutritious food and their poverty level. The food taken by most of the Indians is deficient in protective elements i.e. protein, carbohydrate, fats and total calorie & proximate food i.e. vitamins and minerals. As protein, vitamins, fats and minerals are costly, they cannot afford them as a result they don’t consume balanced diet. So their food usually contains high carbohydrate, low fat and low protein, which causing multiple diseases in present time.

Objectives

1. To know about the food is the nutrient of nourishment and nutrition is the act of doing it.
2. To focus on low cost locally available traditional nutritious food.
3. To aware family planning provide proper nutrition to all individual.
4. To form a malnutrition free stable state.

Method

Study design: Home to home visit based cross-sectional survey study.

Study area: Ramnagar–I, Purba Medinipur, West Bengal, India.

Study period: 2nd June to 30th July, 2015

For the present study 45 families were taken as sample. Anthropometric measurement i.e. Body weight, Height and BMI and observational questionnaire were used.
Result
283 total population varies in 45 family, number of members 6.28 or 6 and more in each family. As per BMI result person belongs in 29 normal, mild thinness 92, moderate thinness 27, pre-obese 72, obese 41 and obese grade-III 22 category. Normal percentage is 10.25% and malnutrition percentage is 89.75%.

Conclusions
Productive assetlessness, remunerative joblessness and social and gender injustice and inequalities are the major causes of this malady, besides destitution, illness, disability, old age, widowhood etc. Another equally important cause is inefficient and ineffective implementation of, and huge leakage in, government’s schemes meant to overcome hunger and malnutrition. Besides, low level of awareness about ‘do’s and don’ts of balanced food, health and hygiene.