Synopsis on
Assessing the dietary practices and reasons behind Malnourishment among children age (6 months -36 months) of Nand Ghar beneficiaries of urban Jaipur, Rajasthan.

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SYNOPSIS

1. Title

Assessing the dietary practices and reasons behind Malnourishment among children age (6 months -3 years) of Nand Ghar beneficiaries of urban Jaipur, Rajasthan.

2. Introduction

Malnutrition in India has been called The Silent Emergency[1]. Malnutrition, in all its forms, includes undernutrition (wasting, stunting, underweight), inadequate vitamins or minerals, overweight, obesity, and resulting diet-related noncommunicable diseases[2]. Globally in 2022, 149 million children under 5 were estimated to be stunted (too short for age), 45 million were estimated to be wasted (too thin for height), and nearly half of deaths among children under 5 years of age are linked to undernutrition[3]. According to the data table, 27.6 % of the children below 5 years of age are underweight, 16.8 % of the children below 5 years of age are wasted, 31.8 % of the children under the age of 5 years are stunted in the state of Rajasthan[4]. Nearly half of deaths among children under 5 years of age are linked to undernutrition[3]. Malnutrition poses a danger to human resources, and it needs to be reduced and ultimately eradicated. Primary focus should be on improving nutrition supply. Improved nutrition is essential for achieving the ambitions of the 2030 Agenda for Sustainable Development and ensuring that no-one is left behind[5]. Malnutrition, in its various forms, represents a barrier to equitable and sustainable social and economic development. Disparities in nutritional status is the outcome of inequality. In addition to all these above factors adequate nutrition plays a crucial role in the proper development of the immune system. The data NFHS-5 (2020-21), 8.3 % total children aged 6-23 months receiving an adequate diet compared to NFHS-4 (2015-16) it was 3.4 % and this indicates a noticeable increase[4].Data on malnutrition is available but malnutrition rates vary from state to state, district to district, region to region and from rural to urban areas. Early years of life are crucial and vulnerable as growth is rapid nutritional needs are high. Adequate nutrition primarily through breast feeding and complementary feeding is important during this phase of life. Improper feeding practices whether in terms of timing, quality or quantity

can lead to inadequate nutrition and finally malnutrition which can affect child malnutrition. Additionally living in unhygienic conditions can increase the risk of infection, which contributes to malnutrition. The objective of the study was to assess the dietary practices and reasons behind Malnourishment among children age (6 months -3 years) of Nand Ghar beneficiaries of urban Jaipur, Rajasthan.

3. Literature review and problem statement

Literature shows that half of the world's wasted children - 25.5 million out of 50.5 million children, live in India as per **(Development Initiatives, 2018)**. Out of these, malnutrition is the underlying cause of 68% of India's child deaths, despite India's economic growth & progress in recent years, according to a study by **(Swaminathan et al., 2019). In context to Rajasthan,** malnutrition indicators among children under 5 years Children under 5 years who are stunted (height-for age): 31.8 % Children under 5 years who are wasted (weight-for height): 16.8 % Children under 5 years who are underweight (weight-for-age): 27.6 %. And 8.3 % of children aged 6-23 months receive an adequate diet. Thus, it is crucial that nutrition in the formative ages of life be kept as a top public health priority (**NFHS 5, 2019-2021)**. Jaipur is the capital city of Rajasthan and home to many children. The malnutrition condition of the city is also not good as reported in literature. It shows that Children under 5 years who are stunted (height-for age): 25%, Children under 5 years who are wasted (weight-for height): 14.6 %, Children under 5 years who are underweight (weight-for-age): 20.8 %, 5.8% children aged 6-23 months receiving an adequate diet. According to Data Note of (State Nutritional Profile: Rajasthan, POSHAN 2022), **Jaipur has the highest number of stunted, wasted, and underweight children that is 183716, 107143 and 152485 respectively.** Thus, Jaipur District has the highest rate of malnutrition in comparison to other districts of Rajasthan and it is crucial that nutrition in the formative ages of life be kept as a top public health priority.

Keeping this continuous problem in mind, Government of India (GOI) and Government of Rajasthan (GoR) has in place different nutrition and health programs through Integrated Child Development Scheme (ICDS) implemented by the Ministry of Women and Child Development (MOWCD), along with the National Health Mission (NHM), which includes nutrition-based interventions. Besides, subsequent schemes were also implemented to nurture women's and child's health, such as the POSHAN Abhiyaan. Despite all these interventions the issue of

malnourishment is not being eliminated completely. A study shows that during the previous ten years, there has been little coverage of these interventions in Rajasthan. Less than 55% of mothers and children receive essential health and nutrition inputs like the THR or RUTF, which results in high rates of malnutrition (Kohli et al., 2017). Not only this literature also shows that There are also local variations in dietary habits that influence the intake of this supplementation, which has an impact on the nutritional indicators of that region. The consequences of poor nutrition manifest in terms of growth failure of the child, reduced learning capacity, and increased rate of morbidity and mortality.

4. Rationale

There are 62,020 Anganwadi centers in Rajasthan, which provide varying levels of healthcare & services such as supplementary nutrition, immunization, health education, health check-ups, and referrals to higher centers. These centers also provide Take-Home-Rations or "PoshAhaar" to their beneficiaries, which consist of items such as Dalia, khichadi, pulses such as moong dal, & additional packages for children between the age group of 3 to 6 years called "BalHaar" premix & Food supplements to children in the age group of 6 months to 3 Years. Conversely, Nand Ghar, a more recent endeavor launched by the Vedanta Group in collaboration with the Indian government, operates under the corporate social responsibility (CSR) banner. Nand Ghars provides a holistic approach, incorporating modern infrastructure, digital learning tools, and skill development programs for children and women. While both initiatives share the objective of uplifting rural children, Nand Ghar stands out for its comprehensive approach, integrating technology and vocational training to empower communities further. With the transition from Anganwadis to Nand Ghars, initiated by Vedanta, there is an opportunity to assess the impact of this transition on nutritional outcomes. According to (**2000 Nand Ghar Milestone Report**) Vedanta has also collaborated with the Government of Rajasthan to upgrade 25,000 Anganwadis to Nand Ghars over the next 3 years. Among other objectives, the Nand Ghar initiative, through its core services viz. Early Childhood Education, Nutrition, Maternal and Child Health, and Women's Economic Empowerment through Skill Development, aims:

- To provide quality education to children between the ages of 3-6 years.
- To have no malnourished children at Nand Ghars through the provision of nutritious hot-cooked meals served to children, breakfast, and Take-Home Ration (THR)
- To provide primary healthcare at the doorstep for children and women of Nand Ghar

- To develop skills through trade-based and entrepreneurship training for women who are above 18 years of age.

However, preliminary findings during the field revealed that the THR provided by the government under ICDS at the AWCs was underutilized due to various reasons. e.g., The THR was treated as cattle fodder by a few members of the farming community, instead of consumption by children **(Malik, F. (2016, July 16). *'Take-home rations used to feed cattle.'* Hindustan Times).** There are also common traditional practices prevalent among certain sections in the rural communities that prevent from consumption of nutritious food items such as not allowing pregnant & lactating women from consuming curd, and papayas. This can result in a lack of the required intake of fibers, fats, etc., creating imbalanced diets & eventually leading to malnourished mothers & children. (**Chakrabarti, S., & Chakrabarti, A. (2019) Food taboos in pregnancy and early lactation among women living in a rural area of West Bengal.)** Thus, there are several factors behind the prevalence of malnutrition. These local practices have not been taken into consideration during the adoption & implementation of nutritional interventions – both at the national & local levels. Thus, this study will identify & highlight such gaps in malnourishment measures in Jaipur, Rajasthan.

5. Research questions.

Based on the above literature review, the research questions identified are as below:

1. What is the status of malnourishment among the 6 months to 3 years children in Jaipur city.
2. What are the current dietary practices among the 6 months to 3 years children and what are the reasons behind malnourishment among children age (6 months-3 years) of Nand Ghar beneficiaries of urban Jaipur, Rajasthan?
3. What are the factors contributing to malnutrition among the above-said target group in the city and how it could be reduced?

6. Objectives

The objectives of the study are to: -

1) Study the socio-demographic profiles & dietary practices of Nand Ghar beneficiaries in urban Jaipur.

2) Analyze the utilization patterns of Take-Home-Ration (THR) provided by the Nand Ghar to Nand Ghar beneficiaries and identify the underlying reasons behind malnourishment of Nand Ghar beneficiaries, and
3) Develop suggestions for improving nutritional outcomes within Nand Ghar beneficiaries.

7. Methodology

Study design:

The researcher proposed to conduct the study with analytical and cross-sectional in nature and will follow a mixed methodology. The research will be conducted in designated Nand Ghar managed by Mamta, a non-governmental organization in the Jaipur city of Rajasthan, India.

Study population:

- **INCLUSION CRITERIA:** Beneficiaries utilizing services provided by Nand Ghars.
- **EXCLUSION CRITERIA:** Non-Nand Ghar Beneficiaries

Sample size:

A sample size of 197 Nand Ghar beneficiaries having children aged 6 months-36 months will be taken for the study.

Sampling technique:

To meet the objective of the study, researchers proposed to follow Cluster Sampling.

1st Stage : Firstly, Jaipur district was divided into two zones, southwest zone and southeast zone to form a cluster.

2nd Stage: Secondly, segregation of Nand Ghars in which Mamta institute is working from the rest.

3rd Stage: Finaly, from each cluster around 10 Nand Ghars altogether will be selected by random Sampling method and from each selected Nand Ghar, 10 respondents will be selected to get interviewed.

Besides, in each cluster one Focus Group discussion will be organized with a homogeneous group.

Operational definitions:

The Study shall assess the socio-demographic profiles of Nand Ghar beneficiaries, understanding dietary practices, placing the reasons behind malnourishment, Assessing the utilization patterns of Take-Home-Rations (THR) and providing recommendations for improving nutritional outcomes of Nand Ghar beneficiaries.

Study tool:

Structured interview schedule was used to assess the socio-demographic profiles, dietary practices, and utilization patterns of Take-Home-Ration (THR) of children aged 6 month - 3 years from the Nand Ghar beneficiaries.

Data collection procedure:

The researcher will use a semi-structured interview schedule and Focus Group Discussion (FGDs) as the primary tool for data collection. Researcher, herself will get the data from the field.

Duration of study:

The study will be conducted from 15th March 2024 to 15th June 2024.

Unit of analysis:

Analysis will be done with the independent and dependent variables obtained from the household level.

8. **Data analysis plan:**

Analysis will be done in MS Excel. A 2 x 2 bivariate analysis was conducted to assess the description between the various sociodemographic factors, dietary practices and utilization pattern of THR.

9. **Ethical considerations:**

Informed consent will be taken from each the participant; data privacy and confidentiality will be maintained during and after completion of the study.

10. **Implications of research:**

This study will provide the effectiveness of collaborative partnerships in community development, nutritional upliftment, and health and nutrition awareness. By examining the socio-demographic profiles and dietary practices of Nand Ghar beneficiaries, it aims to understand and address the high prevalence of malnutrition among children. The findings will offer recommendations for enhancing community well-being.

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