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# MALNUTRITION: A MASQUERADING SOCIAL ILLNESS

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## ABSTRACT

SAAMAR (Strategic Action for Alleviation of Malnutrition and Anaemia Reduction) was launched by the Government of Jharkhand to tackle malnutrition in the state. A two-year-old boy identified as MAM and improved further to normal nutrition but the fear of again falling below less than -2 SD weight for height(W/H) still persists. Now the reason of his malnutrition intertwined in social causes which is beyond comprehension of the policy makers. He is a product of a problem family where both of his parents have abandoned their child at no one's mercy. His grandparents although came to take care of the child but they are physically and financially not strong to meet his daily needs. There is no policy which addresses the requirements of such abandoned children. It's a masquerading situation where social problem merges with nutritional menace.

**KEYWORDS**: Malnutrition, SAAMAR, Public Distribution System.

## INTRODUCTION

Malnutrition is a global public health issue. As defined by Word health Organization (WHO), it encompasses deficiencies, excesses, or imbalance in an individual's intake of energy and/or nutrients.[1] As per National Family Health Survey(NHS-5), India reports undernutrition among children under five at 32.1% underweight, 35.5% stunting, and 19.3% wasting.[2] Jharkhand shows even higher levels, with 39.4% underweight, 39.6% stunted, and 22.4% wasted.[2] In children, malnutrition often stems from more than just an inadequate food intake. A child's nutritional status is influenced by a complex interplay of different determinants such as the household environment, parental care and education, access to health and social services, and the overall condition in which they live and grow. These elements influence not only the availability of nutritious food but also a child's ability to receive and benefit from it. The Jharkhand government on 17.03.2021 launched the SAAMAR (Strategic Action for Alleviation of Malnutrition and Anaemia Reduction) campaign to address malnutrition in the state.[3] Initially, the programme targeted both women and children, but in 2023, women were dropped from its scope. Since then, the campaign has focused on identifying anaemia and malnutrition in children and facilitates the convergence of different departmental functions in order to respond more effectively to the persistent problem of malnutrition in the state.[4]

Department of Community Medicine, under State Centre of Excellence for management of Children with Severe Acute Malnutrition (SCoE-SAM), RIMS, Ranchi has been entrusted the role of monitoring and supervision of this programme in West Singhbhum district, Jharkhand.

## CASE REPORT

Under SAAMAR programme a visit was done on 19th December 2023, at Thai village situated at Manjhari Block of West Singhbhum district, Jharkhand where we came across a child named XXX, a two years old boy, son of a tribal separated couple. During the monitoring exercise we found that the boy who was enrolled in SAAMAR Programme as Moderate Acute Malnutrition (MAM). The child was enrolled in the SAAMAR Programme on 15th April 2023 and he has been followed

regularly under SAAMAR programme by Anganwadi Worker and Sahiya (ASHA). The child weight and height improved regularly as reflected in following table 1.

**Table 1: Weight, height and health status of child as recorded via the SAAMAR mobile application.**

| Sr. No. | Date | Weight( in Kg) | Height(in cm) | Health status |
|---|---|---|---|---|
| 1. | 15.04.2023 | 7.4 | 72.5 | MAM |
| 2. | 01.05.2023 | 7.5 | 72.5 | MAM |
| 3. | 18.05.2023 | 7.7 | 72.5 | Normal |
| 4. | 02.06.2023 | 7.8 | 72.5 | Normal |
| 5. | 17.06.2023 | 9.1 | 72.5 | Normal |
| 6. | 03.07.2023 | 9.3 | 72.5 | Normal |
| 7. | 24.10.2023 | 9.5 | 72.7 | Normal |
| 8. | 11.11.2023 | 9.4 | 72.6 | Normal |

While examination on 19th December 2023 we found the boy is having weight of 9.135 Kg and height of 79.5 cm with Z- Score -Normal for Weight to Height but on clinical examination we found the boy to be severely anaemic.

On asking history, the anganwadi worker (AWW) said that the boy's father has been working in other state and he has not come home in the last two months and got married to some other women over there. The child's mother too has left the boy fifteen days ago.

Now the boy is staying at his uncle's house with his grandparents. On further enquiry for establishing the cause of anaemia, we asked the AWW if the boy's family is getting enough ration or not, the AWW told that when the boy was staying with his parents, they were getting ration under Public Distribution Scheme (PDS) at very affordable prices. To get ration under PDS they require access to his father's fingerprint but as the boy's father has left, they were not getting the ration at affordable prices under PDS.

We have observed that there were some mistakes in data entry. We have also noted that there were structural difficulties in procurement of ration through PDS. The data shows that nutritional status of the child improved but he is still suffering from anaemia therefore we advised AWW to provide Iron and folic acids supplements and further referral to their Primary Health Centre or Community Health centre.

## DISCUSSION

Tribal and underserved areas face the brunt of malnutrition especially amongst children residing in these areas. The present case underlines a concerning interplay between poor health outcomes like anaemia and malnutrition with broader social determinants of health.

Despite regular follow-up under the SAAMAR programme- improvements in anthropometric indicators were severely shadowed by severe anaemia that was assessed clinically on site. This reflects a major programmatic gap where assessment prioritizes weight and height metric over comprehensive nutritional assessment. This disconnect between between measurable physical growth and micronutrient deficiency was particularly noted in our observations.[5]

The child's socio-familial circumstances were identified as important contributing factor [6], separation of parents, abandonment by mother, and current care under extended family members highlights impact of broken family structures on child health. Emotional neglect, irregular feeding and poor access to health services were marked as risk factor for malnutrition in children especially those in similar vulnerable situations. The programme in fact obscures such social disruptions in its records which have tangible effect on overall health and nutrition.

Restricted access to subsidized rations under Public Distribution System (PDS) was also earmarked as a critical issue in our field visit. Digitalization of welfare services though meant for improving transparency may have unintended effect of excluding beneficiaries, particularly when authentication is linked to biometric authentication of absent family member.[6] In this case, the father's finger print was required to avail ration, effectively cutting off the child's access to affordable food. Such barriers necessitate implementation of child-sensitive mechanisms in welfare schemes; operational flexibility is also important to maximally include the marginalised not to exclude them.

This case also revealed an important operational gap pertaining to data quality and clinical oversight. Although the child was regularly monitored by ASHA, anaemia was not detected initially indicating subpar clinical screening and probably indicating possible over reliance on quantitative growth monitoring. Thus capacity building of health workers and training them in using simple tools for detecting hidden forms of malnutrition becomes important.

Overall, this case reaffirms that malnutrition is not merely a biomedical issue but a "masquerading social illness". Child-centred multi-sectoral approaches need to be devised integrating nutrition supplementation and growth monitoring with social protection, emotional care, and improved governance in welfare delivery. Interventions must also address systemic exclusions.

Technologies involved in welfare programmes like PDS must be inclusive and sensitive to household and social dynamics, particularly of tribals and marginalised.

## CONCLUSION

An effective malnutrition programme must look beyond measurable metrics of weight and height and also include social parameters in regular follow-up and supportive supervision.

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