

Urban Poverty and Child Malnutrition in Jammu and Kashmir: An Emerging Public Health Concern

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Abstract

Malnutrition among children in Jammu and Kashmir (J&K) poses a critical challenge, exacerbated by urban poverty and rapid urbanization. While urban spaces are often seen as hubs of opportunity, they also concentrate socio-economic disparities that disproportionately affect marginalized populations, including children. This paper aims to highlight the depth of child malnutrition in urban Jammu and Kashmir, analyzing the structural drivers such as food insecurity, healthcare inequities, and poor sanitation in slums and informal settlements. Additionally, the prevalence of gender disparities within these communities often results in unequal access to nutrition and healthcare for female children. Existing government interventions, though significant, have yet to fully address the underlying systemic barriers that perpetuate malnutrition. This study underscores the need for targeted policies to address the growing malnutrition crisis in urban areas of J&K, emphasizing the importance of a multi-sectoral approach that encompasses healthcare, education, and social welfare to ensure sustainable and holistic improvements in child well-being.

Keywords

Urban poverty, child malnutrition, Jammu and Kashmir, food insecurity, healthcare disparities, public health

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Introduction

Malnutrition remains a critical issue affecting millions of children globally, and India carries a large share of this burden. Within India, the region of Jammu and Kashmir (J&K) presents a unique case study where urban poverty and rapid urbanization intersect to exacerbate the problem. While urbanization has contributed to economic growth, it has simultaneously deepened socio-economic inequalities. Marginalized populations in urban areas, particularly in slums and informal settlements, experience severe hardships, leading to increased malnutrition among children.

Urban poverty manifests as limited access to essential services such as nutritious food, healthcare, and adequate housing, all of which contribute to the nutritional deficiencies observed in urban spaces. Many families in these communities often rely on low-cost, calorie-dense foods that lack essential nutrients, further exacerbating the issue of malnutrition. Consequently, the prevalence of stunting, wasting, and underweight children is alarmingly high, with studies indicating that urban malnutrition rates can be comparable to or even worse than those found in rural settings.

Furthermore, cultural and gender norms within the region also influence nutritional outcomes. Families may prioritize the nutrition of male children over female children, leading to disparities in health and nutrition. This gender bias is often exacerbated by economic constraints, which further limits access to food and healthcare for girls. Therefore, this paper will examine the multifaceted drivers of child malnutrition in J&K's urban areas and the role of public health interventions aimed at addressing these critical issues.

Urbanization and Poverty in Jammu and Kashmir

Jammu and Kashmir have experienced significant urban growth over the last few decades. Data from the Census of India (2011) indicate that the urban population in J&K has increased from 24.88% in 2001 to 27.38% in 2011, with urbanization expected to continue. This population shift is largely attributed to migration from rural areas to cities like Srinagar and Jammu, driven by a combination of economic opportunities and infrastructural development. While urbanization can offer improved

access to services and economic benefits, it also leads to significant challenges, especially for low-income populations living in informal settlements.

In these urban spaces, the lack of affordable housing forces many families to reside in slums and peri-urban areas, where access to clean water, sanitation, healthcare, and education is limited. Such environments are ripe for the proliferation of malnutrition among children, as they exacerbate food insecurity and expose residents to health risks associated with poor living conditions.

The Nexus between Urban Poverty and Malnutrition

Urban poverty in J&K is intricately linked to malnutrition among children. Families living below the poverty line in urban spaces often struggle to afford basic necessities, including food, leading to chronic malnutrition among their children. According to a study by Suryanarayana (2018), the prevalence of under-nutrition is higher among the urban poor due to their inability to access a balanced diet. The high cost of living in urban areas, combined with the increasing prices of essential food items, restricts poor families from purchasing nutritious food, such as fruits, vegetables, and proteins.

Urban poverty also correlates with limited access to social safety nets, which are crucial for mitigating malnutrition. Many urban poor families are excluded from food distribution programs such as the Public Distribution System (PDS), which is primarily designed to serve rural areas. This exclusion is particularly acute in informal settlements, where residents lack the necessary documentation to access government schemes.

The Double Burden of Malnutrition

While under-nutrition remains a pressing issue, the growing trend of obesity among children in urban J&K highlights the "double burden" of malnutrition. This paradoxical situation, where both under-nutrition and obesity coexist, is a result of rapid urbanization and changing dietary patterns. Urban families, especially those with limited incomes; increasingly rely on cheap, calorie-dense processed foods that are high in sugar, salt, and fats but low in essential nutrients.

As a result, urban children in J&K face not only stunted growth but also the risk of obesity-related health problems such as diabetes and cardiovascular diseases. A study by Black et al. (2013) emphasizes that malnutrition, in all its forms, stems from inadequate diets and poor healthcare, both of which are prevalent in low-income urban populations. Thus, addressing the double burden of malnutrition requires a holistic approach that targets both under-nutrition and the growing rates of childhood obesity.

Causes of Child Malnutrition in Urban Jammu and Kashmir

Food Insecurity: Food insecurity is a major driver of child malnutrition in urban J&K. Despite being in urban areas where food markets are more accessible than in rural regions, many families cannot afford the rising costs of nutritious food. Urban poor households, particularly those living in informal settlements, frequently face a "nutrition trap" where they prioritize affordable, calorie-dense foods that lack essential vitamins and minerals (FAO, 2020). This reliance on unhealthy, processed foods contributes to both under-nutrition and obesity among children.

The National Family Health Survey (NFHS-5) highlights alarming levels of child malnutrition in urban J&K, with 18% of children under the age of five being stunted and 13.3% wasted. These figures point to widespread chronic and acute malnutrition, which is particularly prevalent in low-income urban households that struggle to maintain food security.

Sanitation and Hygiene: The relationship between poor sanitation and malnutrition is well-documented, particularly in urban areas where overcrowded living conditions are common. In J&K's slums and informal settlements, many families lack access to clean water and proper sanitation facilities, increasing the risk of waterborne diseases such as diarrhea. Diarrhea, in turn, is a leading cause of malnutrition, as it hinders the absorption of nutrients in children and leads to rapid weight loss and wasting (WHO, 2020).

In addition to sanitation issues, many urban areas in J&K suffer from poor waste management and inadequate drainage systems, further exacerbating the spread of infectious diseases. Children living in such environments are frequently exposed to pathogens that impair their

growth and development, contributing to the high rates of malnutrition observed in these communities (Black et al., 2013).

Healthcare Access: Access to healthcare is another critical factor affecting child malnutrition in urban J&K. While urban areas generally have better healthcare infrastructure than rural regions, the quality and accessibility of these services are uneven. Low-income urban families often lack the financial resources to seek timely medical care, and public healthcare facilities are frequently overwhelmed and understaffed (Ministry of Health and Family Welfare, 2020).

Children suffering from malnutrition are at increased risk of developing illnesses such as pneumonia, tuberculosis, and diarrhea, all of which require prompt medical attention. However, in many cases, urban poor families in J&K are unable to access the healthcare services needed to address these conditions, leading to worsening malnutrition and higher child mortality rates.

Gender Disparities in Child Nutrition: Gender inequality is another important factor influencing child malnutrition in J&K. Societal norms and cultural practices often result in the preferential treatment of male children, with girls receiving less food and healthcare than their brothers. This gender disparity is particularly pronounced in low-income urban households, where limited resources are often allocated to boys at the expense of girls. As a result, girls in J&K are more likely to suffer from malnutrition than boys, with higher rates of stunting, wasting, and anemia reported among female children (UNICEF, 2020).

Government Initiatives and Policy Responses

Integrated Child Development Services (ICDS): The Integrated Child Development Services (ICDS) program is a flagship initiative of the Indian government aimed at improving the nutritional status of children under the age of six, as well as pregnant and lactating women. The program provides supplementary nutrition, immunization, health check-ups, and preschool education through a network of Anganwadi centers. However, the implementation of ICDS in urban J&K has faced significant challenges, particularly in reaching marginalized populations in slums

and informal settlements (Ministry of Women and Child Development, 2021).

While ICDS has achieved some success in reducing child malnutrition in rural areas of J&K, its coverage in urban areas remains limited. Many Anganwadi centers in urban spaces are understaffed and lack the necessary resources to provide adequate nutritional support to children.

National Health Mission (NHM): The National Health Mission (NHM) is another key government initiative aimed at improving healthcare access and reducing malnutrition in India. The NHM's urban component focuses on providing healthcare services to slum dwellers and other vulnerable urban populations. In J&K, the NHM has made efforts to strengthen healthcare infrastructure and provide essential services such as immunization and maternal health care (Ministry of Health and Family Welfare, 2020).

However, the NHM faces several challenges in addressing malnutrition in urban J&K. Healthcare facilities in urban areas are often overburdened and lack the resources needed to provide comprehensive care to malnourished children.

POSHAN Abhiyaan: Launched in 2018, POSHAN Abhiyaan (Prime Minister's Overarching Scheme for Holistic Nutrition) aims to reduce stunting, undernutrition, and anemia among children, pregnant women, and lactating mothers. The program adopts a multi-sectoral approach to nutrition, involving collaboration between the health, education, sanitation, and agriculture sectors. In urban J&K, POSHAN Abhiyaan has focused on improving awareness about child nutrition, hygiene, and maternal health (NITI Aayog, 2021).

Despite its ambitious goals, POSHAN Abhiyaan faces several barriers to effective implementation in urban J&K. The program's success depends on the coordination of various government departments and the availability of resources.

Community-Based Interventions

Role of NGOs and Community Organizations: In the context of urban J&K, non-governmental organizations (NGOs) and community-based

organizations play a crucial role in addressing child malnutrition. These entities often operate in areas where government programs are less effective or entirely absent, particularly in urban slums and informal settlements. By collaborating with local communities, NGOs have been instrumental in improving awareness of child nutrition, conducting health camps, and providing supplementary nutrition to vulnerable children.

For example, initiatives such as mobile health clinics and community kitchens have shown success in providing immediate nutritional support to urban poor families. Mobile health clinics help bridge the gap in healthcare access by bringing services directly to the underserved populations, reducing the incidence of preventable diseases that exacerbate malnutrition.

Community kitchens, on the other hand, provide affordable and nutritious meals to children and pregnant women in slum areas. These kitchens often rely on local resources and volunteers, making them cost-effective and sustainable. Such interventions not only address immediate nutritional needs but also foster a sense of community ownership and participation in addressing malnutrition.

Promoting Nutrition Education: One of the most effective community-based strategies to combat malnutrition is the promotion of nutrition education. Lack of awareness about balanced diets and healthy eating practices often leads to poor dietary choices among urban families. NGOs and local organizations can play a vital role in educating parents, particularly mothers, about the importance of proper nutrition for their children's physical and cognitive development.

Workshops and awareness campaigns focusing on nutrition, hygiene, and breastfeeding practices have demonstrated positive outcomes in reducing malnutrition rates. These campaigns often target low-income urban communities and use culturally appropriate messaging to ensure better understanding and acceptance of nutritional practices.

Addressing the Double Burden of Malnutrition

Tackling Under-Nutrition: Efforts to combat under-nutrition in urban J&K must focus on improving food security and healthcare access for

marginalized populations. Government programs such as the Public Distribution System (PDS) should be expanded to include urban slum dwellers, ensuring that all families have access to affordable, nutritious food. Additionally, targeted nutritional interventions, such as the distribution of micronutrient supplements and fortified foods, can help address specific deficiencies among malnourished children.

Healthcare interventions must also be strengthened to prevent and treat conditions associated with under-nutrition. Regular health check-ups, immunization drives, and deworming programs are essential to improving the overall health of children in urban J&K. These measures should be accompanied by efforts to improve sanitation and hygiene in slum areas, reducing the prevalence of diseases that contribute to malnutrition.

Addressing Obesity and Lifestyle Changes: In addressing the growing issue of childhood obesity, public health interventions should focus on promoting healthy eating habits and physical activity among urban children. School-based programs can play a significant role in this regard by incorporating nutrition education and physical education into the curriculum. These programs should encourage children to consume fresh fruits and vegetables while reducing their intake of processed foods high in sugar, salt, and unhealthy fats.

Parents also need to be made aware of the dangers of childhood obesity and the long-term health risks associated with poor dietary habits. Public health campaigns using mass media and community outreach can help educate families about the importance of balanced diets and active lifestyles.

Urban Planning and Policy Interventions: Urban planning and policy interventions can also contribute to reducing the double burden of malnutrition. Ensuring access to safe and affordable housing, clean water, and sanitation facilities can significantly improve the living conditions of urban poor families, reducing the risk of malnutrition. Urban policies should prioritize the development of green spaces and recreational facilities, encouraging physical activity among children and promoting healthier lifestyles.

Cultural and Gender-Sensitive Approaches

Cultural Practices and Dietary Habits: Cultural practices and traditional dietary habits have a significant influence on nutrition in J&K. Many families in the region adhere to specific food preferences and cooking methods that may not meet the nutritional needs of children. For instance, diets heavy in carbohydrates and low in protein are common, leading to imbalanced nutrient intake. Addressing this issue requires culturally sensitive interventions that respect local traditions while promoting healthier food choices.

Programs that encourage the incorporation of locally available and nutrient-rich foods into traditional diets can be particularly effective. For example, promoting the use of lentils, leafy vegetables, and dairy products in everyday meals can help improve the nutritional quality of diets in urban J&K.

Gender-Responsive Intervention: Given the gender disparities in child nutrition, interventions must be designed to ensure equal access to food and healthcare for boys and girls. Empowering women through education and economic opportunities can have a transformative impact on child nutrition, as mothers often play a central role in determining household food practices.

Programs aimed at improving maternal health and nutrition are particularly critical, as the nutritional status of mothers directly affects the health and development of their children. Initiatives such as providing prenatal supplements, promoting institutional deliveries, and offering breastfeeding support can help address gender disparities and improve overall child nutrition.

Monitoring and Evaluation

Importance of Data Collection: Accurate and timely data is essential for understanding the extent of malnutrition and evaluating the effectiveness of interventions. In urban J&K, there is a need for robust systems to monitor child nutrition, track progress, and identify gaps in existing programs. Regular surveys, health assessments, and community feedback

mechanisms can provide valuable insights into the nutritional status of children and inform policy decisions.

Strengthening Accountability: Accountability is critical to ensuring the success of government programs aimed at reducing malnutrition. Mechanisms such as social audits, independent evaluations, and public reporting can help monitor the implementation of schemes like ICDS and POSHAN Abhiyaan. Engaging local communities in the evaluation process can also foster greater transparency and ensure that programs are meeting the needs of marginalized populations.

Recommendations and Policy Suggestions

- **Expand Coverage of Nutritional Programs:** Ensure that government schemes like ICDS and PDS reach all urban poor families, including those living in informal settlements.
- **Enhance Healthcare Access:** Strengthen urban healthcare infrastructure to provide timely and affordable medical care to malnourished children.
- **Promote Nutrition Education:** Conduct awareness campaigns and workshops to educate parents and caregivers about balanced diets, breastfeeding, and hygiene practices.
- **Address Gender Disparities:** Implement gender-responsive policies to ensure equal access to nutrition and healthcare for boys and girls.
- **Foster Community Participation:** Involve local communities in planning and implementing nutrition programs to ensure their effectiveness and sustainability.
- **Encourage Private Sector Collaboration:** Partner with the private sector to promote the production and distribution of affordable, nutritious foods.
- **Strengthen Monitoring Mechanisms:** Establish systems for regular data collection and program evaluation to track progress and address gaps.

- **Promote Urban Planning for Health:** Develop policies that prioritize access to clean water, sanitation, and green spaces in urban areas.

Conclusion

Child malnutrition in urban Jammu and Kashmir is a complex and pressing issue influenced by an interplay of socio-economic disparities, cultural practices, and infrastructural challenges. Factors such as poverty, inadequate access to nutritious food, limited healthcare facilities, and lack of awareness contribute to the persistence of malnutrition among children in urban areas. Addressing this challenge demands a comprehensive and multi-faceted approach that combines robust government interventions, active community-based strategies, and culturally sensitive programs. Collaborative efforts must prioritize enhanced nutrition, improved healthcare access, and the promotion of gender equality to ensure all children receive the necessary resources for their growth and development.

Investments in child nutrition are, in essence, investments in human capital, yielding long-term benefits for the region's social and economic prosperity. A well-nourished generation forms the foundation for a resilient, educated, and productive society. As urbanization in J&K continues to accelerate, addressing the nutritional needs of the most vulnerable populations must remain at the forefront of efforts by policymakers, practitioners, and civil society. By taking concerted action now, it is possible to secure a healthier and more equitable future for the children of urban Jammu and Kashmir.

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