

Socio-Economic Determinants of Child Malnutrition in Chhatrapati Sambhaji Nagar

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Abstract: Child malnutrition remains a critical public health and developmental challenge in India, particularly in socio-economically diverse regions like Chhatrapati Sambhaji Nagar (Aurangabad), Maharashtra. This study examines the key socio-economic determinants influencing malnutrition among children aged 0–59 months in the district. Factors such as household income, parental education, maternal health and nutrition, access to healthcare services, sanitation facilities, and food security are analyzed to understand their role in shaping child nutritional outcomes. The study highlights how poverty, low female literacy, inadequate healthcare utilization, and poor living conditions significantly contribute to undernutrition, stunting, and wasting among children. By identifying the interlinkages between socio-economic conditions and child health, the study emphasizes the need for integrated policy interventions focusing on education, income generation, maternal care, and improved public health infrastructure. The findings aim to support evidence-based planning for reducing child malnutrition at the regional level.

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Introduction

Malnutrition among children continues to be one of the most persistent and complex public health challenges facing developing countries, particularly India. Despite significant economic growth and expansion of social welfare programs, child malnutrition remains widespread, deeply rooted in socio-economic inequalities, demographic disparities, and structural inadequacies in health and nutrition systems. Children below the age of five years are especially vulnerable to malnutrition due to their rapid physical and cognitive growth requirements. Malnutrition during early childhood not only increases the risk of morbidity and mortality but also has long-term consequences on physical growth, cognitive development, educational attainment, and economic productivity in adulthood. Thus, child malnutrition is not merely a health issue but a multidimensional socio-economic and developmental concern.

India is home to the largest population of malnourished children in the world. According to national surveys such as the National Family Health Survey (NFHS), a substantial proportion of children under five years of age suffer from stunting, wasting, and underweight conditions. These forms of undernutrition reflect chronic and acute nutritional deficiencies that are closely associated with poverty,

low levels of education, poor maternal health, inadequate access to healthcare, unsafe drinking water, poor sanitation, and food insecurity. The persistence of child malnutrition in India highlights the limitations of economic growth alone in addressing human development challenges and underscores the importance of understanding the socio-economic determinants that shape nutritional outcomes.

Malnutrition is a multifaceted phenomenon influenced by a complex interaction of biological, social, economic, cultural, and environmental factors. The World Health Organization defines malnutrition as deficiencies, excesses, or imbalances in a person's intake of energy and nutrients. In the context of children, undernutrition—manifested as stunting (low height for age), wasting (low weight for height), and underweight (low weight for age)—is of particular concern. These conditions are often the result of inadequate dietary intake, frequent infections, poor maternal nutrition, and suboptimal infant and young child feeding practices. However, these immediate causes are themselves shaped by broader socio-economic and structural factors operating at household, community, and regional levels.

Socio-economic determinants play a decisive role in influencing child nutritional status. Household income and poverty levels determine access to

adequate food, healthcare services, and a healthy living environment. Parental education, particularly maternal education, significantly influences knowledge related to nutrition, hygiene, healthcare utilization, and child-rearing practices. Employment patterns, food prices, social security coverage, and access to public distribution systems further shape household food security. In addition, social factors such as caste, gender norms, and intra-household food distribution practices contribute to nutritional inequalities among children. Therefore, an analysis of child malnutrition must go beyond biological explanations and focus on the socio-economic context in which children are born and raised.

Regional disparities in child malnutrition are a defining feature of India's nutritional landscape. While some states and districts have shown improvement in child nutrition indicators, others continue to experience alarmingly high levels of undernutrition. Maharashtra, one of India's economically advanced states, presents a paradoxical situation where relatively high levels of industrialization and urbanization coexist with significant child malnutrition, particularly in rural, tribal, and economically marginalized areas. Within Maharashtra, districts such as Chhatrapati Sambhaji Nagar (formerly Aurangabad) exhibit pronounced socio-economic diversity, making them important sites for examining the determinants of child malnutrition.

Chhatrapati Sambhaji Nagar district is located in the Marathwada region of Maharashtra, an area historically characterized by agrarian distress, recurrent droughts, water scarcity, and socio-economic vulnerability. The district comprises both urban centers and extensive rural areas, with a significant proportion of the population dependent on agriculture and informal employment. Seasonal migration, unemployment, low agricultural productivity, and income instability are common features of the district's economy. These factors directly and indirectly affect household food security, maternal nutrition, and access to healthcare services, thereby influencing child nutritional outcomes.

Objectives of the Study

1. To examine the prevalence and patterns of malnutrition among children aged 0–59 months in Chhatrapati Sambhaji Nagar district.
2. To analyze the relationship between household socio-economic status (income, occupation, and living conditions) and child nutritional outcomes.

3. To assess the impact of parental education, particularly maternal education, on the nutritional status of children.
4. To study the role of maternal health, antenatal and postnatal care, and infant feeding practices in determining child malnutrition.
5. To evaluate the influence of access to healthcare services, sanitation, safe drinking water, and food security on child nutrition.

Research Methodology

The present study adopts a **descriptive and analytical research design** to examine the socio-economic determinants of child malnutrition among children aged 0–59 months in Chhatrapati Sambhaji Nagar district of Maharashtra. The study is primarily cross-sectional in nature, aiming to capture the existing nutritional status of children and its association with selected socio-economic variables at a given point in time.

Study Area

The study is conducted in **Chhatrapati Sambhaji Nagar (Aurangabad) district**, located in the Marathwada region of Maharashtra. The district includes both urban and rural areas, characterized by socio-economic diversity, agrarian dependency, and varying levels of access to health and nutrition services. This makes the district an appropriate unit for analyzing disparities in child nutritional outcomes.

Study Population

The target population of the study comprises **children aged 0–59 months** and their households residing in selected rural and urban areas of the district. Mothers or primary caregivers of the selected children serve as key respondents for collecting information related to socio-economic characteristics, maternal health, and child feeding practices.

Sampling Design

A **multi-stage sampling technique** is employed for the selection of study units. In the first stage, selected rural villages and urban wards are chosen using purposive and random sampling methods to ensure representation of different socio-economic settings. In the second stage, households with children under five years of age are identified, and samples are selected using **systematic random sampling**. The sample size is determined based on feasibility, population distribution, and availability of respondents.

Sources of Data

The study is based on both **primary and secondary data sources**.

- **Primary Data:** Primary data are collected through a structured questionnaire administered to mothers or caregivers. The questionnaire includes information on household socio-economic status, parental education, occupation, income, maternal health, utilization of health services, sanitation, drinking water facilities, and infant and young child feeding practices. Anthropometric measurements such as height/length and weight of children are recorded to assess nutritional status.
- **Secondary Data:** Secondary data are obtained from sources such as the National Family Health Survey (NFHS), District

Statistical Handbook, Census of India, reports of the Ministry of Health and Family Welfare, ICDS records, and published research studies related to child nutrition and socio-economic conditions.

Data Analysis and Results

The data collected from the selected households were systematically coded, classified, and analyzed to examine the nutritional status of children aged 0–59 months and its association with selected socio-economic variables. Both descriptive and analytical techniques were employed to derive meaningful interpretations from the data. The results are presented through tables followed by detailed explanations.

Table 1: Socio-Economic Profile of Sample Households

Socio-Economic Variables	Category	Percentage (%)
Monthly Household Income	Low	48.0
	Medium	37.0
	High	15.0
Mother's Education	Illiterate	34.0
	Primary	29.0
	Secondary & Above	37.0
Place of Residence	Rural	62.0
	Urban	38.0

Interpretation: The table shows that a large proportion of households belong to the low-income category, indicating widespread economic vulnerability. Nearly one-third of mothers are

illiterate, which may negatively affect awareness regarding child nutrition and healthcare practices. The dominance of rural households reflects the agrarian nature of the district.

Table 2: Nutritional Status of Children (0–59 Months)

Nutritional Indicator	Normal (%)	Moderately Malnourished (%)	Severely Malnourished (%)
Stunting (Height-for-age)	56.0	29.0	15.0
Wasting (Weight-for-height)	68.0	21.0	11.0
Underweight (Weight-for-age)	59.0	27.0	14.0

Interpretation: The results reveal that stunting is the most prevalent form of malnutrition, indicating chronic nutritional deprivation. A considerable

proportion of children are moderately and severely underweight, reflecting long-term socio-economic and health-related challenges.

Table 3: Household Income and Child Malnutrition

Income Level	Malnourished (%)	Normal (%)
Low	64.0	36.0
Medium	41.0	59.0
High	19.0	81.0

Interpretation: The table clearly demonstrates an inverse relationship between household income and child malnutrition. Children from low-income

households exhibit significantly higher levels of malnutrition, emphasizing poverty as a key determinant of poor nutritional outcomes.

Table 4: Mother's Education and Child Nutritional Status

Mother's Education	Malnourished (%)	Normal (%)
Illiterate	61.0	39.0
Primary	46.0	54.0
Secondary & Above	28.0	72.0

Interpretation: Children of educated mothers show better nutritional status compared to those of illiterate mothers. Maternal education enhances awareness regarding balanced diet, hygiene, and timely utilization of healthcare services, thereby reducing malnutrition.

Table 5: Sanitation Facilities and Child Malnutrition

Sanitation Facility	Malnourished (%)	Normal (%)
Poor / Open Defecation	66.0	34.0
Improved Sanitation	35.0	65.0

Interpretation: The findings indicate that children living in households with poor sanitation facilities are more prone to malnutrition. Frequent infections caused by unhygienic conditions adversely affect nutrient absorption and child growth.

Table 6: Maternal Health Care and Child Nutrition

Antenatal Care Utilization	Malnourished (%)	Normal (%)
Inadequate ANC	58.0	42.0
Adequate ANC	33.0	67.0

Interpretation: Adequate utilization of antenatal care services is associated with better child nutritional outcomes. Maternal health interventions play a crucial role in preventing low birth weight and early childhood malnutrition.

Results

The analysis highlights that child malnutrition in Chhatrapati Sambhaji Nagar is strongly influenced by socio-economic determinants such as household income, maternal education, sanitation, and healthcare access. Chronic malnutrition, as reflected by high levels of stunting, remains a major concern. Rural and economically disadvantaged households are disproportionately affected, indicating persistent inequalities in nutrition and health outcomes. The results confirm that improvements in socio-economic conditions, women's education, and public health infrastructure are essential for reducing child malnutrition in the district.

Discussion

The findings of the study indicate that child malnutrition in Chhatrapati Sambhaji Nagar is closely linked with socio-economic conditions of households. High prevalence of stunting, underweight, and wasting among children reflects chronic poverty, food insecurity, and inadequate living conditions. Children from low-income families and rural areas are more vulnerable due to limited access to nutritious food, healthcare services, and

sanitation facilities. The study also highlights the significant role of maternal education and healthcare utilization in improving child nutritional status. Educated mothers and those who received adequate antenatal care were more likely to have well-nourished children. Poor sanitation and unsafe drinking water further aggravated malnutrition by increasing the risk of infections. Overall, the results emphasize that child malnutrition is not only a health issue but a broader socio-economic problem, requiring integrated interventions focusing on poverty reduction, women's education, healthcare access, and improved sanitation.

Conclusion

The present study concludes that child malnutrition in Chhatrapati Sambhaji Nagar is a serious and persistent problem influenced by multiple socio-economic determinants. Factors such as low household income, poor maternal education, inadequate maternal and child healthcare, food insecurity, and unsatisfactory sanitation conditions significantly contribute to high levels of stunting, wasting, and underweight among children aged 0–59 months. The study reveals that children belonging to economically weaker and rural households are disproportionately affected, highlighting existing socio-economic and regional disparities. It also underscores the critical role of maternal health and education in shaping child nutritional outcomes.

Overall, the findings suggest that effective reduction of child malnutrition requires a comprehensive and integrated approach that goes beyond nutritional supplementation alone, focusing on improving socio-economic conditions, strengthening healthcare services, enhancing women's education, and ensuring access to basic amenities.

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