

Determinants of Child Malnutrition in Uttar Pradesh

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This paper investigates the current state of malnutrition and the possible determinants of child nutrition status at district level children aged less than five years in Uttar Pradesh. Comprehensive nine dimensions including 23 indicators related to various socio-economic characteristics have been examined. The data were accessed from the National Family Health Survey (NFHS-4) for the year 2015-2016, which contained information of children belonging to 76,233 households of the state. Three indicators namely, stunted, wasted and underweight have been considered as comprehensive child malnutrition status. Multiple regression analysis has been used to identify various factors associated with child malnutrition. The study indicates that the prevalence of child malnutrition varied over the districts. Those with very high prevalence of malnutrition were Hamirpur, Sonbhadra, Sitapur, Bahraich and Pilibhit. In contrast, in Gautam Budh Nagar, Ghaziabad, Mathura, Firozabad and Saharanpur the prevalence of malnutrition was lower. Explanatory variables like female literacy rate, breastfeeding, toilet facility, anaemia among pregnant women, gross value from agriculture/gross cropped area and total fertility rate account for change and show a significant effect on both child malnutrition and infant mortality rate. Nutritional education of females, better sanitation facilities in backward areas, better nutrition to females and high food productivity might help in solving the nutrition status of children in Uttar Pradesh.

I Introduction

Malnutrition is one of the challenging public health problems and sensitive indicators of health in developing countries in recent times. It is said that child nutritional status reflects not only a country's past health status, but also its future health trails (Subramanyam, *et. al.* 2010). Research on child nutrition reports that poor quality of nutritional status can increase the risk of child illness, poor physical and mental development, resulting in reduced adult size, ability to work, loss of productivity and efficiency, and increases in health care expenditures as well as can initiate the poverty trap (World Bank 2006, Grantham, *et. al.* 2007, Tarozzi and Mahajan 2007, Walker, *et. al.* 2007). Despite high and relatively stable growth rate, India's vast segment of child population is

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