

4.7 Child Malnutrition in Bajura

Introduction

In Bajura District, known for its low human development index, eight children died of malnutrition in Swami Kartik Khapar Rural municipality-1, Muktikot village, in 2023, according to statistics from the District Health Office, Bajura. Despite legal and constitutional measures in place at national and international levels to ensure the well-being of children, malnutrition remains a significant issue among economically, socially, educationally, and culturally disadvantaged communities in majority of Districts in Sudurpaschim Province.

Children from remote parts of Bajura District do not have adequate food and essential nutrients needed for normal physical development. As a result of this dismal nutrient intake, it impacts both their physical and mental capacities. The causes of malnutrition in children can be drawn to factors such as poverty, illiteracy, unemployment, limited access to health services, and inadequate breastfeeding.

It is important to have measures in place to allow for required breastfeeding, provision of adequate nutrition, and regular check-ups to ensure the well-being of children. Unfortunately, such measures are acutely lacking in remote areas of this District. Poverty serves as the primary driver of malnutrition. Families are unable to afford nutritious food, leaving the children vulnerable to malnutrition. Among the nine local administrative units in Bajura District, Swami Kartik Khapar Rural Municipality stands

out as the most severely affected by malnutrition. Rugam Thapa, the information officer at the district health office in Bajura, identifies Muktikot village in ward number 1 of this rural municipality having the highest number of malnourished children.

The Child Rights Convention of 1989, under Article 6, ensures the right to life and development for children, while Article 24 guarantees their right to health, and outlines provisions for a secure and healthy life.

A fundamental right of the Constitution of Nepal, Article 30 (1) stipulates that every citizen has the right to live in a healthy and clean environment. Similarly, sub-section (1) of Article 35 states that basic health services are provided free of charge, and no one shall be deprived of essential health services. Despite sub-section (2) of Article 36 designated to safeguard children from life-threatening situations arising from insufficient food, children in mountainous rural municipalities in the Himalayan regions and particularly in remote areas of Bajura, face challenges in accessing timely healthcare.

Additionally, under the fundamental rights outlined in), Article 39 (2) of the constitution, every child is entitled to the right to health, nutrition, and proper care from both their family and the state. The national policy, as stipulated in clauses (H) (5) and (6) of Article 51, mandates measures aimed at promoting citizen health and ensuring access to health services. However, citizens often face difficulties in obtaining easy access

to these services. Despite the provisions outlined in Section 3, Sub-section (8) of the Right to Safe Maternal and Reproductive Health Act, 2018, along with arrangements of adequate budgets at all three levels of healthcare that ensures every woman's right to maternity and newborn services, there are challenges in effective implementation.

Legal Provisions and Execution

Subsection (4) of section 3 in the Public Health Service Act, 2018, has defined motherhood, infant and pediatric health service such as integrated infant and pediatric disease management, nutrition service, pregnancy, labor and child-birth service, family planning, abortion and reproductive health, as basic health care services. Additionally, it guarantees that children have access to these services free of charge. Section 13 (1) in the Act Relating to Children Rights, 2018, states that every child shall have the right to proper nutrition, clean drinking water, and a child up to two years of age shall also have the right to breast feeding, immunization, and mental health care meeting national standards and free basic health care.. Similarly, Section 14 outlines their rights to engage in sports, entertainment, and cultural activities for a healthy lifestyle. Additionally, Section 17 specifies the responsibility of their family or guardians for their care, nurturing, and character development.

Efforts to Tackle Malnutrition

Min Prasad Joshi, Information Officer of District Agricultural Knowledge Center, Bajura, stated that malnutrition observed in children in the district is a result of inadequate and low nutrition food intake. About five percent of the district's population does not own land, 40 % families only have enough agricultural production for three months, while only 10 % have the capacity to sustain themselves throughout the year. The district's

population requires approximately 28,000 metric tons of food grains annually, but it produces only 24,000 metric tons - resulting in an annual deficit of 4000 metric tons. This shortfall is met through various external sources. The annual food shortage in the district is reason why children do not get enough to eat and hence have varying degrees of malnutrition.

According to data from the Standardized Monitoring Assessment Relief Transitions (SMART) Survey of the District Health Office, in 2022, the nutritional status of children aged five and below in the district is as follows: 48.8 % suffer from malnutrition, 8.6 % from stunting growth, and 30.6 % from underweight. Mahesh Chand, Public Health Officer at the Public Health Office, explained that malnutrition is a result of many factors, mainly the insufficient year-round food supply, inadequate sanitation, lack of clean drinking water, limited public awareness regarding nutrition, and restricted access to health services.

The Federal, Provincial and Local governments have been actively monitoring the situation and expanding local health outreach centers. Twenty seven Outpatient Therapeutic Program (OTP) centers have been established under this initiative. Children with malnutrition under the age of five have also been provided treatment through Ready to Use Therapeutic Food, and through efforts to facilitate the capacity enhancement of local health workers and female health volunteers in malnutrition management. Local authorities, with the support from Non-Governmental Organizations have also increased their activity, including the distribution of chicken and eggs, as well as advocating for proper waste disposal. Nutrient allowances are also provided to children, and pregnant women receive vitamin A and iron supplements. Local authorities have also been involved in the distribution of nutritious flour.

Malnutrition in Muktikot

SwamiKartik Khapar Rural Municipality-1 Muktikot of Bajura District was known as “Dumkot” before 2001. In Nepal’s Far West, the word *dum* was used to derogatorily refer to Dalits. Formerly Sappata Rural Municipality-9 of Bajura is home to over 394 Dalit families residing in various areas including Gaira, Mela, Naula, Kholi, Chuikedada, Majhwada, Kholasa, Bhaisakhali, Kadedil, Muktikot, and Ralkya. The name of the Rural Municipality is still Dumkot in government records even though it has been using its renamed status since April 2001. However, almost 22 years after the name change to Muktikot (*mukti* means liberation) there has been no improvement in the lives of the citizens living there.

Today, about 400 families of Muktikot are struggling with disease, hunger and scarcity. This village, at a walking distance of three days from District Headquarter, Martadi, is the poorest rural municipality in the District and is known as the worst malnourished village. Children of the village do not have access to education and healthcare, and only six people from the village hold government jobs – two in the Nepali Army, one in the police, one in the Armed Police, one as an assistant health worker, and one in veterinary services. Only one woman from the village has finished secondary schooling and currently lives in Sindhupalchowk District after marriage. Muktikot Rural Municipality has a dry climate and is faced with threats of landslides. Muktikot faces the dual challenge of landslides and drought every year, along with very little arable land. There is also a shortage of housing area.

These villages are rarely seen with any green vegetables or fruits. Additionally, dozens of houses face the risk of landslides. India has been the primary employment destination for many young individuals from the village. People aged

15 and above are notably absent from the village, as they have left to seek work in various cities across India, including Delhi, Paudi, Gadwal, Dehradun, Nainital, Almota, Ranikhet, Pithoragarh, Bageshwar, along with other regions across Nepal. “Some have taken their families and children with them and have been staying there for 5-6 years,” said Nare Kami. He added that staying in the village is challenging due to insufficient food supply, causing malnourishment in children. The village also lacks clean drinking water. There is a basic health unit that was established two years ago but, it lacks sufficient medicines and is unable to treat all diseases, leaving residents with no choice but to live with their ailments.

Eight children lost their lives due to malnutrition in Swamikartik Khapar Rural Municipality-1 Muktikot in 2022. Every year, children in other rural municipalities of the District are also killed by complications resulting from malnutrition. However, there is no data on children who are not brought to health centers for treatment.

The poverty, scarcity, and lack of alternative sources of income have led to malnutrition among women and children in Muktikot. This dire situation has even resulted in the loss of children. In 2021, the rural municipality conducted a study after the news about malnutrition in Swamikartik Khapar Rural Municipality-1, Muktikot was published in various news outlets. The report showed that the malnutrition is high in 308 families of the village. Chand, the head of District Public Health Office said that, a team of health workers investigated and discovered that out of 343 malnourished children, 23 were severely malnourished, and 55 were moderately malnourished.

Child marriage is another significant factor contributing to malnutrition in Muktikot. The majority of the women above 23 years of age in Muktikot village

have given birth to over seven children. Jansara B.K., a 32-year-old woman from Muktikot village, has become pregnant twelve times. At the age of 32, she gave birth to eight children – five sons and three daughters – and had four abortions. She said having more children makes it easier to feed the family.

Similarly, 28-year-old Biju B.K. gave birth to seven children. Her 6-month-old daughter passed away in 2022 due to malnutrition-induced causes. Another woman, 30-year-old Roshani B.K. said that she gave birth to seven children but her two-month-old daughter died four months ago. These examples show that in the village, many women in the poor families give birth to multiple children.

Women of Bajura face multiple health problems, including uterine prolapse. They often hide their health issues and continue to live with these conditions due to their financial situation and traditional beliefs. Despite the recent establishment of a community health institution near Muktikot, the health workers do not visit the village to provide family planning awareness or to distribute equipment. Belmati BK, a local resident, said that many women in the village face health problems but often keep them hidden. She mentioned that although there are regular check-ups available, women often cannot afford to seek medical help and that their main concern is daily sustenance rather than seeking treatment for health issues.

Children from financially disadvantaged families drop out of school around the eighth grade. Shobha B.K., an 18-year-old, said that despite studying in the village up to class 10, she had to get married due to her financial status, and that it prevented her from pursuing further education. Around 30 individuals

were married at an early age in the village in the past year. Early marriage is common in the village, and it is common for individuals to marry early and then seek employment in India.

Conclusion

Government of Nepal has implemented various programs aimed at ensuring children's rights through legal, policy, institutional, and planning reforms. However, the effectiveness of these initiatives is not evident in the remote villages of Bajura District in the Far West Province. Children are still deprived of the necessary care, nutrition, education, health services, and physical, mental and educational development before and after birth. Despite efforts to ensure and promote children's rights to health and nutrition services, children in remote areas face challenges in accessing prescribed health services, medicines, and treatment. This includes difficulties in obtaining various vaccines, vitamins, and nutritious food provided free of charge. Despite the presence of programs such as the Integrated Child Health and Nutrition Program, National Immunization Program, Community-based Integrated Management Program for Newborns and Pediatric Diseases, and the Golden Thousand Days, the children of Muktikot continue to suffer from malnutrition.

The Fifth Human Rights National Action Plan aims to guarantee access to clean and quality food. Despite the provision at all levels of government, key activities including awareness campaigns, safe abortion management, establishment of nutrition centers, implementation of child-friendly policies, and support for education, health, social welfare, family, and personal development are yet to be implemented.

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