

# **The association of Poverty and Child Nutrition in Below Poverty Line (BPL) households**

**Dr Catherine Lianhmingthangi<sup>1</sup> &  
Lalmangaihawnveli<sup>2</sup>**

## **Abstract**

**Background:** Families living below the poverty line (BPL) often face malnutrition and its related health problems, as poverty limits access to adequate food and other essentials. **Aim:** This study aims to assess the nutritional status through qualitative approaches focusing on the interplay of poverty and nutritional outcome among children belonging to Below Poverty Line (BPL) families.

**Methods & Materials:** To explore the dietary challenges of children of Below Poverty Line (BPL) families, the case studies and focus Group Discussion were employed, which provided an opportunity to gather respondents' experiences and perceptions on nutrition.

**Findings:** Wasting, stunting, and underweight are found to be the most common types of malnutrition among children, which is primarily driven by poverty, further exacerbated by limited parental awareness of the importance of adequate nutrition for their children.

**Conclusion:** Malnutrition remains a pressing public health concern, particularly in children belonging to low-income families.

**Key Words:** Nutrition, Poverty, Below Poverty Line, Children, Malnutrition

## **1. Introduction**

A primary factor contributing to food instability among the urban underprivileged is urban development. Those residing in slums are the most adversely impacted by food instability and insufficient nutrient consumption (Pal, D., & Gupta, S., 2017). Malnutrition can be considered a significant root of the plight faced by people across the globe. At least 20% of the total loss of life and instances of disability worldwide can be attributed to insufficient nutrition. However, mothers with good nutrition are believed to give birth

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<sup>1</sup> Assistant Professor, Department of Social Work, ICFAI University, Mizoram, India, Email: catherine@iumizoram.edu.in.

<sup>2</sup> 2Corresponding Author & Guest Faculty, Department of Social Work, ICFAI University Mizoram, India, Email: kathy3chhangte@gmail.com.



to a healthy child who will enter school sooner, grasp concepts more effectively, stay in education longer, and be less susceptible to chronic diseases related to poor diet in the middle years (Haddad, 2002).

Limited financial resources are linked to inadequate nutrition throughout all life stages. Moreover, growing evidence suggests that insufficient nutrition intake during childhood correlates with both immediate and long-lasting negative impacts, including weakened immune responses, diminished cognitive abilities, and learning skills. These issues primarily stem from parents' limited funds for food rather than poor spending choices (Nelson, 2000). Similarly, nutritional deficiencies diminish productivity and human potential, rendering nations more vulnerable to poverty. Additionally, as financial hardship increases food scarcity and hidden hunger, further exacerbating malnutrition issues, it can be assumed that undernutrition stems from poverty. Thus, these two factors become interdependent, acting as both causes and effects on others (Siddiqui et al., 2020).

Research conducted by Jadeja Upasanaba et al. (2013) reveals that the prevalence of low-birth-weight infants is notably higher in the Below Poverty Line (BPL) family as compared to the Above Poverty Line (APL) family. In his study, a total of 37% of newborns belonging to Below Poverty Line (BPL) were found to be classified as Low birth weight, while only 10% of infants with Low birth weight belong to the Above Poverty Line (APL). Hence, it can be concluded that economic hardship elevates the occurrence of low birth weight among newborns.

In India, the ICDS Programme has remained at the forefront of the Government's initiative to achieve child nutrition-related goals as per the Millennium Development Goal (MDG1) (Shashidhar et al., 2012). The beneficiaries are children under the age of 6, expectant and nursing mothers, as well as adolescents. The ICDS programme delivered through Anganwadi centres offers a cohesive strategy by integrating all essential services, particularly aimed at young children within a community to enhance childcare, early development and education, health and nutrition (Kapil, 2002). Thus, the Anganwadi Worker (AWW) plays a vital role in the effective implementation of the Project.

The significant role of the ICDS programme in curbing underweight prevalence among Indian children was found in a study conducted by Singh et al. (2024). It was mentioned that there was an increase in the utilisation of ICDS services at the national level between 2016 and 2021. At the same time, the prevalence of underweight children declines, although it was variable by state. Such decline was higher among those who accessed Anganwadi Centres compared to those who did not.



## **2. Methodology**

The current study investigates the lived experiences of children belonging to Below Poverty Line (BPL) families in relation to their nutritional health status in Lungbial, Zemabawk, Aizawl City. This study employs a qualitative research approach where parents of children belonging to BPL families, Anganwadi workers, were the key providers of information for the study. Ethical considerations in the form of informed consent were followed in the interview with respondents. The study presents Case studies of the children in a narrative form, along with a focused group discussion conducted among Anganwadi Workers.

### **2.1 Case 1:**

Malsawmhlua (fictitious), a male toddler aged three, was born on 8<sup>th</sup> March, 2020, into a family of Below Poverty Line (BPL). His family is a nuclear family of four; while his father works as a mechanic, earning merely Rs 15,000 per month, his mother is a homemaker. As a family with a minimal and single income, the family's monthly earnings are insufficient to cover the medical and nutritional needs of the child, along with the family's basic needs.

Malsawmhlua (fictitious) is infected with HIV/AIDS and also battles tuberculosis alongside lung failure. He is 79 cm tall and weighs 10 kg; in both metrics, he shows a short fall from the average for his age, indicating delayed physical growth and malnutrition. His typical daily diet consists of tea, rice, and basic meals, which he takes at specific times. However, his meals are deficient in protein-rich foods and vegetables. Due to the family's monetary constraints, they are unable to supply the necessary nutrients for his growth and recovery. His nutritional shortfall is exacerbated by persistent illness as well.

However, he prefers to access the Anganwadi centre from the neighbouring community as his parents are not satisfied with the functions and services of the Anganwadi in his own community. However, despite frequent visits to the Anganwadi centre, his nutritional status has not seen improvement due to recurrent illnesses, weak immunity, and the financial limitations on the part of his family. Since the family's poverty hampers their ability to provide adequate nutrition and medical care, this scenario eventually results in a persistent and continuous cycle of illness and malnutrition for the child.

Evaluating his situation reveals that physically, he endures low weight, stunting, and chronic illness. His consumption of proteins, vitamins, and calories is also insufficient as far as nutrition is concern. Both of these conditions are the product of the family's economic condition as the family wrestles with limited



resources and significant medical expenses. The psychological health of the parents also endures considerable stress due to the child's medical issues and the financial strain.

As the family's limited income restrains their ability to offer the right nutrition, it can be concluded that poverty plays a direct and key role in the child's poor health. The additional expenses associated with HIV/AIDS and tuberculosis treatment further deplete the resources for nutrition, thereby worsening his malnutrition. This case demonstrates the hazardous cycle of poverty, illness, and malnutrition wherein chronic diseases heighten nutritional demand while poverty limits access to food, consequently exacerbating the illness.

## **2.2 Case 2:**

Annie (fictitious) is a four-year-old girl who resides in an extended family of 15 members. Her father is employed as a driver, earning a monthly wage of Rs 10,000/- only, while her mother is dedicated to homemaking. As the family falls under the Below Poverty Line (BPL), the limited monthly income, coupled with the strain of a large household, complicates their ability to ensure proper nutrition for every family member.

Annie's (fictitious) health issues commenced at birth. She spent two months in the Intensive Care Unit (ICU) due to lung failure, which has since hindered her physical growth and development. Consequently, a four-year-old girl stands at 2'9 tall and weighs merely 7 kilograms, critically underweight and stunted for her age.

The family lives in an overcrowded residence, where fulfilling even the necessities for all members is a daily challenge. Burdened with financial hardship, the family is unable to afford a diet rich in protein, vitamins, or other necessary nutrients. Although the Anganwadi centre in her community serves as a supplementary source of nutrition for this child, it is inadequate to meet her daily nutritional needs. Therefore, her diet lacks consistency, primarily consisting of breastfeeding, intermittent rice and a small amount of nutrition received from the Anganwadi centre. This has resulted in severe malnutrition and delayed growth and development.

Annie (fictitious) depends entirely on her mother for daily care, and her mother bears the full burden of taking care, consequently leading to caregiver stress. Scarcity of financial resources along with a lack of nutritional knowledge on the part of her mother further restricts access to specialised healthcare and nutritious food, thus adding fuel to the existing stress.



The scenario of poverty, along with limited knowledge on the part of parents, serves as both a cause and an outcome of poor health in this case. The correlation between poverty and nutritional status is clearly evident in this case, as it exposes several issues, including physical, emotional, economic, and dietary challenges. The physical challenge encompasses malnutrition, stunting, and slow developmental milestones. On the other hand, the nutritional challenge includes an absence of a structured feeding routine, a lack of a nutritious diet, and limited knowledge of nutrition. It can be concluded that addressing the child's needs requires a comprehensive approach.

### ***2.3 Focus Group Discussion 1***

A focus group discussion was held with three mothers, all of whom belonged to (Below Poverty Line) BPL families. The children of these mothers are also registered and are beneficiaries of the Anganwadi centre in the community. The session took place from 1:00 pm to 2:00 pm, where the discussion revolved around three primary themes such as mothers' views on their children's health, the dietary habits of their children, and the functions and services of the Anganwadi centre where they benefited from.

Regarding nutrition, mothers from disadvantaged families shared that poverty and their limited knowledge of nutrition greatly affect their children's health. The mothers noted that financial pressures made it a challenge to provide regular, nutritious food. Consequently, they often only provide plain meals of rice and curry, with no or little addition of fruits, milk, or protein-rich food due to financial constraints. All participants in this discussion admitted that they focus only on filling their children's stomachs, without fully understanding the importance of balanced nutrition. They also acknowledged that their children are frequently sick, appear weaker than others of their age, and face delays in learning and development as a consequence.

The discussion on the services of the Anganwadi centre unveiled multiple concerns as the participants raised their discontentment with the centre's operation. They highlighted that the centre failed to provide nutrition regularly, as the centre remains closed most days of the month. Inadequate early childhood education, along with the poor quality of the supplies, is another significant factor that was highlighted in the discussion.

As the discussion came to an end, the participants suggested that increasing awareness and education within the community regarding nutrition and the significance of Anganwadi services is vital for the healthy development of a child, particularly those living in economically disadvantaged families. They also



emphasized the need for community participation and involvement to enhance the functioning and service provision of Anganwadi centres.

#### ***2.4 Focus Group Discussion (FGD) 2***

Another Focus Group Discussion was conducted with female participants who are Anganwadi Workers and Anganwadi helpers. The session lasted for two hours, which exposed significant points regarding the health and nutritional circumstances of families living below the poverty line (BPL) line. A total number of 26 boys and 25 girls under three years old, and 13 boys and 8 girls between the ages of three and six are registered under the local Anganwadi centre. At the time of this session, the community also had 4 expectant mothers and 5 nursing mothers.

The Anganwadi workers expressed their concerns that most children of BPL families primarily consume rice, with inadequate intake of other nutritious foods. They also added that financial limitation or poverty is the main reason in their community that restricts the frequency of consumption of fruits, milk, or eggs among those children, while pregnant and lactating mothers often lack protein-rich food. The participants further elaborated the purpose and functions of Anganwadi centre in tackling such issues as Anganwadi centre supplies supplementary nutrition to children under six years and to pregnant and lactating mothers.

The additional roles taken up by the participants, as they mentioned, include awareness initiatives to promote knowledge about nutrition and health, along with the strive to monitor the children's growth, as well as identifying undernourished children in their community. The participants further mentioned that providing early childhood care and education is another crucial aspect that they are involved in. However, despite these initiatives, several health challenges persist among the beneficiaries of the Anganwadi Centre. The common issues that children experience range from underweight, frequent common cold, gut issues, poor appetite, to dental problems. Pregnant and lactating mothers also report ongoing fatigue and recurrent illness, which the participants believed it to be due to inadequate nutritional intake and limited access to proper healthcare.

The participants expressed the significance of community involvement, where certain parents engage actively with Anganwadi services while others attend the centre solely for receiving free nutrition. Moreover, some families underestimate the services of the Anganwadi centre and Community health centre, perceiving it as a mere source of food and free medicine apart from rather than appreciating its role in health and education. Besides the significance of community



involvement, the participants also outlined several challenges in providing their services effectively. Such challenges include inconsistent food supplies and poor quality of stock received.

The participants proposed various recommendations stressing the necessity for regular and higher food supplies, along with health check-ups and nutritional awareness programs to be conducted at least once a month. They further emphasised the significance of parents and community involvement to elevate the overall nutritional and health status of BPL families in Zemabwk, Lungbial community.

### **3. Conclusion**

The two cases highlight the severe impact of poverty on child health and nutrition, as it can be observed that children suffer from stunting, underweight, and chronic illnesses, which are exacerbated by inadequate diets, poor immunity, and limited knowledge and access to healthcare services. Those families with economic disadvantages struggle to provide for required medical or household expenses, along with adequate nutrition, which exposes the direct link between financial hardship and poor health outcomes.

The two Focus Group Discussions highlight how poverty, lack of community involvement, inadequate awareness, and gaps in service delivery collectively shape the poor nutritional and health outcomes of children in Below Poverty Line (BPL) families. Mothers of BPL families who participated in the discussion emphasized their struggle to provide balanced meals as a result of financial and knowledge limitations, which results in frequent illness, weakness, and delayed development in their children. On the other hand, service providers such as Anganwadi workers acknowledged these challenges by expressing systemic issues like irregular food supplies, poor-quality provisions, and limited community participation.

As is observed in this study, it can therefore be concluded that poverty correlates with a rise in the number of malnourished children. Furthermore, while malnutrition is a result of poverty, it is also an outcome of limited nutritional knowledge, poor health-seeking behaviour, and inefficiencies in service provision. This vicious cycle continues to be a significant challenge in public health, necessitating urgent action. To ensure sustainable improvement in nutritional outcomes, Siddiqui et al. (2020) suggest that the fight against poverty and malnutrition must be done at multiple levels to achieve a healthier and equitable society. Hence, the study underscores the urgent need for regular and high-quality supplementary nutrition, structured health awareness programs, and stronger community involvement.



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