DNA
DEEP NEWS ANALYSIS

MALNUTRITION IN INDIA
12.11.2019

NEWS HEADLINES

WHAT UPSC ASKS

Historical Background
Critical Analysis
National Interest
Challenges & Solutions
Future Strategy
Malnutrition in India

Syllabus

GS III: Issues relating to poverty and hunger.

Why in News?

- UNICEF released its State of the World’s Children report for 2019. The UNICEF report found that one in three children under the age of five years — around 200 million children worldwide — are either undernourished or overweight. And in India, every second child is affected by some form of malnutrition.

Details

- The report said 35% of Indian children suffer from stunting due to lack of nutrition, 17% suffer from wasting, 33% are underweight and 2% are overweight.
- According to government figures, stunting and wasting among children in the country have reduced by 3.7 percent and the number of underweight children has reduced by 2.3 percent from 2016 to 2018.
- Among countries in South Asia, India fares the worst (54%) on the prevalence of children under five who are either stunted, wasted or overweight.
- Afghanistan and Bangladesh follow at 49% and 46%, respectively. Sri Lanka and the Maldives are the better performing countries in the region, at 28% and 32%, respectively.

### STUNTED, WASTED OR UNDERWEIGHT, U-5s (%)

<table>
<thead>
<tr>
<th>Country</th>
<th>2015</th>
<th>2014</th>
<th>2016</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>49</td>
<td>49</td>
<td>50</td>
<td>49</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>43</td>
<td>46</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>Nepal</td>
<td>54</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Pakistan</td>
<td>43</td>
<td>43</td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td>Bhutan</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>Maldives</td>
<td>32</td>
<td>32</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>28</td>
<td>28</td>
<td>28</td>
<td>28</td>
</tr>
</tbody>
</table>

State of the World’s Children 2019, UNICEF
India also has the highest burden of deaths among children under five per year, with over 8 lakh deaths in 2018. It is followed by Nigeria, Pakistan and the Democratic Republic of Congo, at 8.6 lakh, 4.09 lakh and 2.96 lakh deaths per year, respectively.

“Almost two in three children between six months and two years are not fed food that supports their rapidly growing bodies and brains. This puts them at risk of poor brain development, weak learning, low immunity, increased infections and in many cases, death,” it said.

Only 61% Indian children, adolescents and mothers consume dairy products at least once a week, and only 40% of them consume fruit once a week.

One in five children under age 5 has Vitamin A deficiency, which is a severe health problem in 20 states.

Every second woman in the country is anaemic, as are 40.5% children.

One in ten children is pre-diabetic.

Indian children are being diagnosed with adult diseases such as hypertension, chronic kidney disease and diabetes.

According to the 2017 Global Burden of Disease Study by the University of Washington, malnutrition is among the leading causes of death and disability in India, followed by dietary risks including poor diet choices.

**Background**

- Malnutrition refers to deficiencies, excesses or imbalances in a person’s intake of energy and/or nutrients.

- The term malnutrition covers 2 broad groups of conditions.

  1. ‘undernutrition’—which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals).

  2. Overweight, obesity and diet-related noncommunicable diseases (such as heart disease, stroke, diabetes and cancer).
Government Initiatives to address malnutrition

The Government has accorded high priority to the issue of malnutrition and is implementing several schemes/programmes of different Ministries/Departments through States/UTs to address various aspects related to nutrition.

Direct targeted interventions

➢ Integrated Child Development Services Scheme (ICDS):
   1. ICDS is a government programme in India which provides food, preschool education, primary healthcare, immunization, health check-up and referral services to children under 6 years of age and their mothers.
   2. With its network of 1.4 million Anganwadi Centres, it reaches almost 100 million beneficiaries who include pregnant and nursing mothers and children up to 6 years.

➢ National Health Mission (NHM): NHM aims for the attainment of universal access to equitable, affordable and quality health care services, accountable and responsive to people’s needs, with effective inter-sectoral convergent action to address the wider social determinants of health.
   Under NHM, support to States/UTs is provided for five key programmatic components:
   (i) Health Systems Strengthening including infrastructure, human resource, drugs & equipment, ambulances, MMUs, ASHAs etc under National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM).
   (ii) Reproductive, Maternal, Newborn, Child and Adolescent Health Services (RMNCH + A)
   (iii) Communicable Disease Control Programmes
   (iv) Non-Communicable Diseases Control Programme interventions upto District Hospital level
   (v) Infrastructure Maintenance- to support salary of ANMs and LHVs etc.

➢ Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) – ‘SABLA’: This scheme aims at empowering Adolescent Girls (11-18 years) through nutrition, health care and life skills education. It has two major components viz. Nutrition and Non-Nutrition. Under the Nutrition component, the out of school
Adolescent Girls (AGs) in the age group of 11-14 years attending Anganwadi Centres and all girls in the age group of 14-18 years are provided Supplementary Nutrition containing 600 calories, 18-20 grams of protein and micronutrients, per day for 300 days in a year.

➢ **Pradhan Mantri Matritva Vandana Yojana (PMMVY):** PMMVY is a maternity benefit rechristened from erstwhile Indira Gandhi Matritva Sahyog Yojana (IGMSY). The IGMSY was launched in 2010.

➢ **National Nutrition Strategy of 2017 (NITI Aayog):** It is to achieve a malnutrition-free India by 2022. The plan is to reduce stunting prevalence in children (0-3 years) by about three percentage points per year by 2022 from NFHS-4 levels, and achieve a one-third reduction in anaemia in children, adolescents and women of reproductive age.

➢ **National Nutrition Mission (NNM), or Poshan Abhiyaan:** The goals of NNM are to achieve improvement in nutritional status of Children from 0-6 years, Adolescent Girls, Pregnant Women and Lactating Mothers in a time-bound manner during the next three years beginning 2017-18. It has specified three-year targets to reduce stunting, under-nutrition and low birth weight by 2% each year, and to reduce anaemia by 3% each year.

**Indirect Multi-sectoral interventions**

➢ **Swachh Bharat Abhiyan**

➢ **National Food Security Mission**

➢ **Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)**

➢ **National Rural Drinking Water Programme:** It is to provide every rural person with adequate safe water for drinking, cooking and other basic domestic needs on a sustainable basis, with a minimum water quality standard, which should be conveniently accessible at all times and in all situations.

➢ **National Horticulture Mission**
Causes of malnutrition

Despite all these efforts, malnutrition is high in India because of the following factors:

- **Poverty:** Because of low purchasing power, the poor cannot afford to buy desired amount and desired quality of food for the family. This adversely affects their capacity for physical work and they earn less. Thus starts a vicious cycle of poverty, undernutrition, diminished work capacity, low earning and poverty.

- **Feeding habits:** Lack of awareness of nutritional qualities of food, irrational beliefs about food, inappropriate child-rearing and feeding habits all lead to undernutrition in the family.
  - Data show that only 41.6% children are breastfed within one hour of birth, 54.9% are exclusively breastfed for six months, 42.7% are provided timely complementary foods, and only 9.6% children below two years receive an adequate diet.

- **Food monotony:** Overreliance on a few staple crops coupled with low dietary diversity is a leading cause of persistent malnutrition.

- **Hidden hunger** (micronutrients) among malnourished women which leads to babies being born with low birth weight (LBW) (for example, a single bout of diarrhoea can push an LBW baby towards acute malnutrition).

- **Infections:** Infections like malaria and measles or recurrent attacks of diarrhoea may precipitate acute malnutrition and aggravate the existing nutritional deficit. Metabolic demands for protein are higher during infections and the child may take in less food either due to reduced appetite or due to food restrictions by the mother. Thus leading to malnutrition.

- **Climate change:** Climate change affects the quality and safety of food.
  1. Climate change can lead to the production of toxins on crops and worsen the nutritional value of cultivated food. According to GHI, climate change can reduce the concentrations of protein, zinc, and iron in crops.
  2. Climate change increases the threats to those who currently already suffer from hunger and undernutrition,

- **Monoculture:** Intensive monoculture agricultural practices can perpetuate the food and nutrition security problem by degrading the quality of land, water and the food derived through them.
• **Urbanisation:** According to a study, India’s absolute urban area expansion until 2030 would take over around 4 million hectares. Thus, India’s infrastructure developments and land-use change in favour of industries and mining is severely affecting the food and nutritional security of the country’s poorest

• **Access to the food:** For the poor and marginalised, access to food is impeded by social, administrative and economic barriers. This could be anything from non-functioning or neglectful governments at the State, district and local levels to entrenched social attitudes that see the poor and marginalised as less than equal citizens who are meant to be an underclass and are undeserving of government efforts to provide them food and lift them out of poverty. In July 2018, three girls died of starvation resulting from prolonged malnutrition in the national capital Delhi.

• **Socio-cultural factors**
  1. **Inequitable distribution of food in the family:** In most of the poor households, women and preschool children especially girls receive less food than the economically active male members
  2. **Rapid succession of pregnancies:** In large families, a rapid succession of pregnancies adversely affects the nutritional status of the mother. As she tries to manage the big family she may neglect her own health and antenatal checkups during pregnancy. Undernutrition may lead to low birth weight baby. In large families per capita availability of food is also less.
  3. **Poor quality of housing, sanitation and water supply:** These contribute to ill health and infections thus contributing to malnutrition.
  4. **Inadequate maternal and childcare:** Improving the primary health centres and other health care services in rural areas will definitely improve the nutrition profile of women and children.

• **Lack of investment in health and education**
Consequences

- **Hamper economic productivity:** The World Bank says, “A 1% loss in adult height due to childhood stunting is associated with a 1.4% loss in economic productivity”.

- **Affect future generations:** Stunting has lasting effects on future generations. Since 53.1% of women were anaemic in 2015-16, this will have lasting effects on their future pregnancies and children.

- **Intergenerational transmission of poverty:** These disadvantaged children are likely to do poorly in school and subsequently have low incomes, high fertility, and provide poor care for their children, thus contributing to the intergenerational transmission of poverty.

- **Cognitive development:** Undernutrition can affect cognitive development by causing direct structural damage to the brain and by impairing infant motor development.” This, in turn, affects the child’s ability to learn at school, leading to a lifetime of poverty and lack of opportunity.

- **Health effects:** Undernourished children have significantly lower chances of survival than children who are well-nourished. They are much more prone to serious infections and to die from common childhood illnesses such as diarrhoea, measles, malaria, pneumonia, and HIV and AIDS. The risk of dying increases with the severity of the under-nutrition.

- **Poor pregnancy outcomes** including obstructed labour, premature or low-birth-weight babies and postpartum haemorrhage.

Way forward

- **Overhaul of capacity and capability in three existing programmes** — namely, the Integrated Child Development Services (ICDS), mid-day meals (MDM) and the Public Distribution System (PDS) under the National Food Security Act. The private sector, development agencies and civil society can be accommodated to the existing programmes.

- **Sound public service delivery mechanisms** especially in the nutrition, health and education sectors. Building a cadre of dedicated professionals in the government will cater the purpose, which needs a high degree of political will and administrative
commitment, centred around developing skills and knowledge and building motivation to stay the course.

- **Common goals and metrics for improving nutrition**, which can then be disaggregated by year, State, district, etc., into a nutrition dashboard, with metrics that are clear and measurable and a real-time tracking mechanism, much like we track economic data.

- **Multiple campaigns**: To inform, communicate and educate on nutrition-specific and nutrition-sensitive behaviours like breastfeeding, diet diversity, hand-washing, de-worming, safe drinking water, hygiene and sanitation.

- **Targeted approach**: Interventions should be targeted with more focus on states with a high prevalence of malnutrition.

- **Food fortification**: There is persuasive evidence from several countries of the efficacy and cost-effectiveness of large-scale staple food fortification to address “hidden hunger” or micro-nutrient deficiencies. The effectiveness of iodised salt in significantly reducing iodine deficiency is well-established in India empirically. The success of micro-nutrient fortified food is that it does not entail a change in behaviour.

- Provide impetus on aspects such as compulsory breastfeeding, adequate complementary feeding, immunization practices, energy-dense nutritious food, and access to clean water and sanitation (WASH) for families.

- **Convergence**: Convergence of health and nutrition programmes right from pregnancy until the child reaches five years of age.

- **An active multi-sector approach**, reinforced with a new set of national-level policies or guidelines around the usage of a community-based approach of addressing acute malnutrition in India.

- **Climate-smart agri-food systems** will be needed both to increase resilience to the changes in climate that are unavoidable and reduce their greenhouse gas emissions.

- **Policies to ensure sustainable urbanisation**: It includes protecting peri-urban agricultural land from conversion, incentivising farmers in proximity to cities to maximize production, and encouraging urban residents to grow food even on small patches and rooftops.
Conclusion

- Development is about expanding the capabilities of the disadvantaged, thereby improving their overall quality of life. Unless economic growth improves social and human development, it cannot be sustained. Equally, economic growth itself is impeded by low levels of productivity in an under-nourished and malnourished population.

Source:

https://www.thehindu.com/opinion/op-ed/for-a-malnutrition-free-india/article26984216.ece
https://www.thehindu.com/opinion/op-ed/tackling-child-malnutrition/article26449417.ece
https://www.thehindu.com/opinion/lead/no-child-left-behind/article24719425.ece
https://www.thehindu.com/opinion/op-ed/for-a-wider-food-menu/article29693426.ece