Source : www.thehindu.com Date : 2019-04-30

FOR A MALNUTRITION-FREE INDIA

Relevant for: Developmental Issues | Topic: Poverty & Hunger and related issues

In this election season, it is important to keep promises made not just to voters, but also those made to improve the lives of children, the future of the nation. Despite programme commitments since 1975, such as creating Integrated Child Development Services and national coverage of the mid-day meal scheme, India continues to grapple with a high rate of undernutrition. Improving nutrition and managing stunting continue to be big challenges, and they can be addressed only with an inter-sectoral strategy.

Stunting has lifelong consequences on human capital, poverty and equity. It leads to less potential in education and fewer professional opportunities. According to the National Family Health Survey (NFHS)-4, India has unacceptably high levels of stunting, despite marginal improvement over the years. In 2015-16, 38.4% of children below five years were stunted and 35.8% were underweight. India ranks 158 out of 195 countries on the human capital index. Lack of investment in health and education leads to slower economic growth. The World Bank says, “A 1% loss in adult height due to childhood stunting is associated with a 1.4% loss in economic productivity”. Stunting also 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. The situation further worsens when infants are fed inadequate diets.

The aim of the National Nutrition Strategy of 2017 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.

This is an ambitious goal, especially given that the decadal decline in stunting from 48% in 2006 to 38.4% in 2016 is only one percentage point a year. This promise calls for serious alignment among line ministries, convergence of nutrition programmes, and stringent monitoring of the progress made in achieving these goals.

Tackling child malnutrition

The data available on stunting tell us where to concentrate future programmes. Stunting prevalence tends to increase with age and peaks at 18-23 months. Timely nutritional interventions of breastfeeding, age-appropriate complementary feeding, full immunisation, and Vitamin A supplementation have been proven effective in improving outcomes in children. However, 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. India must improve in these areas. Vitamin A deficiency can increase infections like measles and diarrhoeal diseases. About 40% of children don’t get full immunisation and Vitamin A supplementation. They must be provided these for disease prevention.

According to NFHS-4 data, India has more stunted children in rural areas as compared to urban areas, possibly due to the low socio-economic status of households in those areas. Almost double the prevalence of stunting is found in children born to mothers with no schooling as compared to mothers with 12 or more years of schooling. Stunting shows a steady decline with increase in household income. The inter-generational cycle of malnutrition is to be tackled with effective interventions for both mother (pre- and post-pregnancy) and child, to address the high burden of stunting.

An unequal platter

In terms of geographical regions, Bihar (48%), Uttar Pradesh (46%) and Jharkhand (45%) have very high rates of stunting, while States with the lowest rates include Kerala, and Goa (20%). While nutrition has improved across all States, inter-State variabilities remain extremely high. The most significant decline has been noted in Chhattisgarh (a 15 percentage point drop in the last decade). Thus, the government can take lessons from Chhattisgarh. The least progress has been made in Tamil Nadu.

A study by the International Food Policy Research Institute shows that stunting prevalence varies across districts (12.4-65.1%), and almost 40% districts have stunting levels above 40%. U.P. tops the list, with six out of 10 districts having the highest rates of stunting.

Looking at this data, it is imperative to push for convergence of health and nutrition programmes right from pregnancy until the child reaches five years of age. This is doable. India must adopt a multi-pronged approach in bringing about socio-behavioural change. What is really needed is effective monitoring and implementation of programmes to address malnutrition.

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