

SETTING A PROPER DIET PLAN

Relevant for: Health, Education & Human Resources | Topic: Poverty & Hunger and related issues

Despite being one of the fastest growing economies in the world, [India has been ranked at 103 out of 119 countries](#), with hunger levels categorised as “serious”, in the Global Hunger Index 2018. Strikingly, in July, three girls died of starvation resulting from prolonged malnutrition in the national capital Delhi, which has a high per capita income. India’s child malnourishment level is not only the highest in the world but varies considerably across States. As per the National Family Health Survey-2016, the proportion of stunted (low height for age) children under five is significantly higher (38.4%) than global (22.9%) averages. The underweight (low weight for age) children rate (35.7%) is a lot higher than the global average (13.5%) too. India is home to over 53.3 million stunted, 49.6 million underweight and 29.2 million wasted (low weight for height) children under five.

Growing prosperity has hardly made any significant dent in chronic malnutrition of children. Faster economic growth has enormous benefits, but it is by no means sufficient and sustainable if millions of children remain undernourished, as it not only impacts early childhood health and imposes disease burden but also affects education, wages and productivity when they grow up, which will impact India’s growth. Where does the solution lie?

World’s hungry population on the rise again, says U.N. report

One problem lies with the current thinking of growth-oriented development. No doubt, the low income and Empowered-Action-Group (EAG) States face major challenges to improve malnutrition, but, two EAG States, Chhattisgarh and Odisha, have performed better on this front compared to Gujarat and Maharashtra where per capita income is almost double. The development path prevalent in Gujarat is more about growth and investment, which, however, has not been able to translate as better nutritional status in the State. Odisha, which is a low income State, has a better network of Integrated Child Development Services (ICDS), public health facility/workforce per lakh population and educational attainment among women, which have translated into a better nutritional status when compared with Gujarat. Further, tribals, rural, poor and illiterate mothers’ children are badly off in so-called developed States of Haryana, Gujarat and Punjab. These groups are also affected in poorer States of U.P., Bihar, Jharkhand and Madhya Pradesh. Around two-thirds of stunted/underweight children are from 200 districts of both less developed and developed States.

Another prominent idea is the need to link agriculture and nutrition, as agriculture provides answers to most nutrition problems. Our estimates, however, show malnutrition continues to be high in agricultural surplus States like Haryana (34% stunting and 29.5% underweight). Worryingly, malnutrition in some of its agriculturally-developed districts (Karnal, Panipat, Sonipat, Rohtak as well as in Gurugram) is even higher than the average of Odisha. Recently, Madhya Pradesh has registered double-digit growth in food grain production making it one of the wheat granaries of India, but acute malnutrition is still critical in most of its districts with a high proportion of underweight (42.8%) and stunted children (41.9%).

For nutrition security: On undernourishment

To understand the contradiction between agrarian plenty and malnutrition, let us take the example of diversified food. With the increase in diversity in food intake, measured through Food Intake Index using 19 food items in all 640 districts, malnutrition (stunted/underweight) status declines. Only 12% of children are likely to be stunted and underweight in areas where diversity

in food intake is high, while around 50% children are stunted if they consume less than three food items.

A majority of children across districts in Tamil Nadu consume a reasonably highly diversified food, leading to lower percentage of stunted/underweight children across districts. Children in a majority of districts in West Bengal, Odisha, Kerala and Karnataka consume mediocre level of food items and malnutrition is relatively lower than in Rajasthan, U.P., Jharkhand, M.P., Gujarat, Bihar and Haryana (children in many of their districts consume less diversified food). The diversified food intake is very low in a majority of Indian districts; just 28% of children consumed over five items of the total 19 food items.

An inclusive and holistic approach, including controlling/regulating food price, strengthening the public distribution system (PDS) and income support policies for making food cheaper are important steps. The ICDS was a high impact nutrition intervention, but its universal availability and quality are questionable due to poor functioning. The government must broaden the ICDS programme by ensuring diversity in food items in worst-hit districts. The launch of the National Nutrition Mission as a strategy to fight maternal and child malnutrition is a welcome step towards achieving the targets of underweight and stunted children under five years from 35.7% to 20.7% and from 38.4% to 25% respectively by 2022. But sustained budgetary commitment towards nutrition components is not sharply visible.

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