

# ALARMING HUNGER OR STATISTICAL ARTEFACT?

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

This year's [Global Hunger Index \(GHI\)](#) did not go down well with the government. This was expected given that it [ranks India 101 out of 116 countries](#) for which reliable and comparable data exist. To add insult to injury, the GHI puts India far below some of its neighbouring countries. Barring [last year's rank of 94 out of 107 countries](#), India's rank has been between 100 and 103 since 2017. This year's slide in the rank assumes significance especially in the context of COVID-19.

Is India's performance on hunger as dismal as denoted by the index or is it partly a statistical artefact? This question assumes immediacy, especially since the government has questioned the methodology and claimed that the ranking does not represent the ground reality. This calls for careful scrutiny of the methodology, especially of the GHI's components.

Global Hunger Index | Only 3.9% children malnourished, says government

The GHI has four components. The first — insufficient calorie intake — is applicable for all age groups, whereas the remaining three — wasting (low weight for height), stunting (low height for age) and mortality — are confined to children under five years. The data on deficiency in calorie intake, accorded 33% weight, is sourced from the Food and Agriculture Organization's Suite of Food Security Indicators (2021). Had the GHI been estimated using the latest data on calorie intake, usually provided by the National Sample Survey Office, things might have looked even worse given that the leaked report of 2019 indicated that consumption expenditure in India declined between 2011-12 and 2017-18 by 4%. In rural India, it was worse at about 10% per annum.

The data on child wasting and stunting (2016-2020), each accounting for 16.6% of weight, are from the World Health Organization, UNICEF and World Bank, complemented with the latest data from the Demographic and Health Surveys. Under-five mortality data are for 2019 from the UN Inter-Agency Group for Child Mortality Estimation. Contrary to what is being claimed by the government, the assessment of the situation of hunger is not based on the results of a 'four question' opinion poll, conducted telephonically by Gallup. However, this does not mean that the GHI is free from inadequacies.

Conceptually, the GHI is largely children-oriented with a higher emphasis on undernutrition than on hunger and its hidden forms, including micronutrient deficiencies. The first component — calorie insufficiency — is problematic for many reasons. The lower calorie intake, which does not necessarily mean deficiency, may also stem from reduced physical activity, better social infrastructure (road, transport and healthcare) and access to energy-saving appliances at home, among others. Recent analysis establishes that 'physical disease environment' at the State level also significantly influences the calorie intake. For a vast and diverse country like India, using a uniform calorie norm to arrive at deficiency prevalence means failing to recognise the huge regional imbalances in factors that may lead to differentiated calorie requirements at the State level. From this vantage point, a large proportion of the population in Kerala and Tamil Nadu may get counted as calorie deficient despite them being better in nutritional outcome indicators. So, prevalence of calorie deficiency in these States may be overestimated.

Also read | [Global Hunger Index not based on an opinion poll, says German non-profit Welthungerhilfe](#)

Conversely, there are States that have a higher average level of calorie intake, such as Bihar and Uttar Pradesh, but their needs may even be higher than the earmarked level of required calories for India as a whole because these States have high prevalence of communicable diseases and low level of mechanisation in the economy. Thus, it is likely that the existing methodology might underestimate the prevalence of calorie deficiency in these States. All this raises questions on the appropriateness of the calorie component of the index. India's own official estimates of prevalence of calorie deficiency are not free from this anomaly.

The GHI highlights India's dismal record in a domain that it can hardly defend, which is child undernutrition. India's wasting prevalence (17.3%) is one among the highest in the world. Its performance in stunting, when compared to wasting, is not that dismal, though. Child stunting in India declined from 54.2% in 1998–2002 to 34.7% in 2016–2020, whereas child wasting remains around 17% throughout the two decades of the 21st century.

Stunting is a chronic, long-term measure of undernutrition, while wasting is an acute, short-term measure. Child wasting can manifest as a result of an immediate lack of nutritional intake and sudden exposure to an infectious atmosphere. Quite possibly, several episodes of wasting without much time to recoup can translate into stunting. However, a higher order of priority was accorded to stunting, both in research and policy, for the right reasons as it is a stable indicator and does not oscillate with minor changes in circumstances, while wasting does. Sporadic emergent circumstances in different regions may increase wasting prevalence. Effectively countering episodes of wasting resulting from such sporadic adversities is key to making sustained and quick progress in child nutrition. Thus, variations in wasting prevalence across the region should guide the relative emphasis of policy attention.

### Government slams 'methodology' after India's position tanks in Global Hunger Index

If India can tackle wasting by effectively monitoring regions that are more vulnerable to socioeconomic and environmental crises, it can possibly improve wasting and stunting simultaneously. There seems to be no short-cut way of improving stunting without addressing wasting. Additionally, studies say that COVID-19 is likely to exacerbate child undernutrition in general and child wasting in particular. Such insights should have driven social policy to counter the adverse impacts of COVID-19 on food and nutrition insecurity. Unfortunately, India lost this opportunity as Integrated Child Development Scheme services were either non-functional or severely disrupted — partly because the staff and services were utilised to attend to the COVID-19 emergency.

India's relatively better performance in the other component of GHI — child mortality — merits a mention. Studies suggest that child undernutrition and mortality are usually closely related, as child undernutrition plays an important facilitating role in child mortality. However, India appears to be an exception in this regard. India's child mortality rate has been lower compared to Sub-Saharan African countries despite it having higher levels of stunting. This implies that though India was not able to ensure better nutritional security for all children under five years, it was able to save many lives due to the availability of and access to better health facilities.

### Reimagining food systems with lessons from India

The low ranking does not mean that India fares uniformly poor in every aspect. Should we then dismiss the GHI as it shows India in a bad light and relegate it to political white noise because it does not suit us? Or should we gracefully accept its insights informing us that our performance in some aspects might actually be dismal and requires urgent attention and course correction? This ranking should prompt us to look at our policy focus and interventions and ensure that they can effectively address the concerns raised by the GHI, especially against pandemic-induced

nutrition insecurity.

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