

DNA

Malnutrition: Can govt begin to change ground realities?



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Even with the rising per capita income, sustained economic growth and increased agriculture production, malnutrition continues to strike India in multiple forms. Spanning from under-nutrition, stunting, wasting to being overweight and obese, malnutrition often comes with a package deal of multiple micronutrient deficiencies. With improved methods and technology use, our statistics show that only 1 in 10 children in India actually get adequate diets (NFHS-4). But using this same advancement in science and technology, we are unable to make a substantial impact in improving the ground reality.

India is still home to preventable starvation deaths, numerous hungry children and a large nutritionally insecure population. While under-nutrition hovers nationally around 40 per cent, rising overweight/obesity is escalating to more than 20 per cent in some states. Maternal child health and nutrition (MCHN) in India needs to tread a long path as we still are home to 30 per cent low birth weight (LBW) babies. India's maternal mortality rate per 100,000 live births is 130, one of the poorest among other developing countries. Only about half of our babies are exclusively breastfed (huge interstate variation 35.8 per cent in Meghalaya, to 77.2 per cent in Chhattisgarh).

It is important to understand the aetiology and ramifications of malnutrition if we need to prepare better strategies to tackle it. Evidence shows that malnutrition can creep in at any stage in the life cycle but there are some vulnerable periods like the first 1,000 days including pregnancy and lactation etc. If a woman enters her pregnancy malnourished, she is more likely to give birth to a malnourished child. Our own data from Indian birth cohorts demonstrate that if LBW baby becomes an overweight adult, he/she will be at higher risk to develop Non-Communicable Diseases (NCDs). Additionally, the interplay between several domains like food, agriculture, environmental factors (climate change, pollution, WASH) and public health is crucial to the origins of malnutrition. For example, air pollution causes depletion of vitamin D absorption by human beings; every 1 degree rise in temperatures cause a 10 per cent reduction in the yields of staples; poor hygiene and sanitation compromise immunity and result in malnourished individuals; malnutrition impacts cognition to productivity thereby affecting nation's GDP in long run; mere calorie sufficiency does not guarantee nutrition security; both under and over-nutrition paradigms beget NCDs faster etc. If we analyse each of these seemingly separate issues, it will not be surprising to find them inextricably linked at several stages of health and nutrition.

Nutrition swings mainly between the ministries of women and child development (MWCD) and health and family welfare (MoHFW). The integrated child development scheme (ICDS) under the MWCD, set up more than 40 years back, no doubt has been instrumental in setting up a

huge infrastructure and personnel to cater to the vulnerable populations but is still seen fraught with several challenges and limited success in improving MCHN indicators. The mid-day meal programme (MDM) with dual objectives to improve school attendance and provide partial nutrition to children is under the Human Resource Development (HRD) ministry.

The MoHFW oversees the Food Safety Standards Authority of India (FSSAI) which ensures safe and nutritious food to the public by regulating the food quality (and its various ingredients /fractions) in food systems. Making all accountable stakeholders in these overlapping goals to reduce poverty, improve nutrition and public health will need empowering of this joint mandate.

Thus if we are gearing towards a malnutrition free India, we must realise the contributions of all three pillars simultaneously i.e. nutrition-specific like feeding programs, supplementation, breastfeeding etc; nutrition-sensitive like poverty reduction, education, agriculture, women empowerment etc; and enabling environment like subsidies, taxation, governance issues, etc. Our own success stories like Maharashtra and Chhattisgarh can be leading examples in the fight to curtail undernutrition of under-fives. Attentive dedicated governance, community engagement, sustained focus on under-performers or weaker districts, repeated monitoring and surveillance etc. have been some key features which have saved many children in these states from falling in the malnutrition demon's mouth.

Policy and programmatic initiatives like the recently launched Poshan Abhiyaan or National Nutrition Mission (NNM) envisage tackling these issues upfront mainly by addressing three core issues: inter-sectoral convergence/coordination, monitoring and implementation. This line of thinking is excellent and urgently needed but warrants close inspection and a periodic feedback loop from all sectors to tackle teething issues. NITI Aayog has a huge leadership role to fulfil in this aspiration. The ultimate aim to drive this malnutrition demon from our country will not materialise unless we have a sound bedrock of scientific credibility supported by operational feasibility, financial viability and relentless cooperation from all stakeholders topped by political will.