



Malnutrition in India

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Abstract

An attempt is made in this paper is to analyze the concept of malnutrition in India. It covers the magnitude of hunger population in India, fall in intake of calorie, food grains availability, survey on stunted children in Andhra Pradesh, Guidelines to reduce malnutrition, four golden rules, 1 big idea, malnutrition, quit India and programme to address malnutrition. It is found that today 46 per cent of children are stunted in India because they simply do not get enough to eat. Almost one out of every two children in this country goes to bed on an empty stomach. Malnutrition is the principle cause of child deaths. Half of all child deaths in India could be prevented if this one issue was tackled. Children die because malnutrition lowers a child's resistance to infection. As a result, they become vulnerable even when they have eminently treatable conditions like diarrhoea and respiratory infections. Meanwhile, According to the Ministry of Women and Child Development when the expectant mother gets proper nutrition, there is no place for malnutrition. This paper presents guidelines to reduce malnutrition and four golden rules.

Key words: calorie, food grains, malnutrition, quit India

Introduction

Josette Sheeran, the Executive Director of the United Nations World Food Programme (WFP) has lamented the severity of world hunger and said her biggest dream is to see no child goes hungry. Worldwide, 1.02 billion people or one in six of the world's total population are suffering from hunger and a child dies of hunger in every six seconds. Every child deserves at least one humble cup of food a day. The world food chief said her life changed in 1986 when she saw an Ethiopian mother holding her 8-month-old child in the famine. The child cried for food, but the mother could not satisfy the child's basic need, only to see the child die in her arms. In many of the world's hunger hotspots where land is too dry or too wet, she said the conditions are going to get more severe. It is predicted that it will get worse¹.

Nearly one – sixth of the people in the world are affected by chronic hunger. At any time, around a quarter of all children suffer from under – nutrition. Not only are they more likely to die, but also they do less well in school and, later in life, earn less than those who were well nourished. Proper feeding during the period from conception to a child's second birthday is critical.

According to the Food and Agriculture Organisation (FAO) 2012, said that if the right action was taken now to boost economic growth and invest in agriculture, particularly in poor countries, the U.N. goal of reducing by one-half the number of the world's hungry people by 2015 was very much within reach. To be sure, 870 million hungry people were still far too many hungry people, said the heads of the three U.N. food agencies in a foreword. About



842 million people, or roughly one in eight, suffered from chronic hunger in 2011-13, down from 868 million people reported for the 2010-12 period, according to the new *State of Food Insecurity in the World 2013* report released on October 1, 2013 by United Nations food agencies. Interestingly, the agencies observed that while a vast majority of hungry people lived in developing regions, 15.7 million lived in developed countries⁴.

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“All human beings are born free and equal in dignity and rights”. When it comes to nutrition, all of India’s children are not equal. According to India’s third National Family Health Survey (NFHS-3) of 2005-06, 20 per cent of India children under five-years-old are wasted due to acute under nutrition and 48 per cent are stunted due to chronic under nutrition. Seventy per cent of children between six months and 59 months are anaemic. Despite a booming economy, nutrition deprivation among India’s children remains widespread⁵.

In absolute numbers, an average 25 million children are wasted and 61 million are stunted. The state of child under-nutrition in India is-first and foremost-a major threat to the survival growth, and development and of great importance for India as a global player. Prime Minister, Manmohan Singh has referred to under-nutrition as ‘a matter of national shame’.

Children who are undernourished have substantially lower chances of survival than children who are well-nourished. Undernourished children are much more likely to suffer from serious infections and to die from common childhood illnesses such as diarrhoea,

pneumonia and measles. More than a third of all deaths in children aged five years or younger can be attributable to under nutrition.

A number of emerging economies have encountered nutrition challenges similar to those currently facing India. For example, China reduced child undernutrition by more than half (from 25 per cent to 8 per cent) between 1990 and 2002, Brazil reduced child undernutrition by 60 per cent (from 18 per cent to 7 per cent) from 1975 to 1989 ; Thailand reduced child undernutrition by half (from 50 per cent to 25 per cent) in less than decade (1982-1986) ; and Viet Nam reduced child undernutrition by 40 per cent (from 45 per cent to 27 per cent) between 1990 and 2006⁶.

India is home to one-fifth of the world’s children around (440 million) and they constitute 42 per cent of population. These young citizens of the country constitute a potential demographic resource that could propel the nation to higher orbits of economic progress and human development. Every third malnourished child in the world lives in India; every second Indian child is underweight ; three out of four children in India are anaemic ; and every second new born has reduced learning capacity due to iodine deficiency⁷.

One-third of all malnourished children live in India and 44 per cent of Indian children are underweight. More than two-thirds of the infants die in the first month and 92 per cent of these deaths are due to easily preventable diseases like pneumonia and diarrhea. Eight out of 10 people among the middle class do not know that nearly two million children under five die every year of diseases and conditions that are easily treatable and preventable⁸.



If the malnourished in India formed a country, it would be the world's fifth largest-almost the size of Indonesia. According to Food and Agriculture Organisation (FAO), 237.7 million Indians are currently undernourished (up from 224.6 million in 2008). The number of Indians who cannot afford the daily minimum (minimal calorie intake 2200 rural/2100 urban) could equal the entire population of Europe⁹.

Today 46 per cent of children are stunted in India because they simply do not get enough to eat. India has more malnourished children than neighbouring Bangladesh. Even African countries like the Congo, Lesotho Tanzania and Rwanda are better placed than India.

Almost one out of every two children in this country goes to bed on an empty stomach. Malnutrition is the principle cause of child deaths. Half of all child deaths in India could be prevented if this one issue was tackled. Children die because malnutrition lowers a child's resistance to infection. As a result, they become vulnerable even when they have eminently treatable conditions like diarrhoea and respiratory infections.

The rate of malnourishment is going down so slowly as to be virtually negligible. Between 1998-99 and 2005-06, the rate only came down by one per cent. At this rate, the challenge of cutting down on the prevalence of malnutrition in children by half by 2015, a part of the Millennium Development Goals, will be impossible¹⁰.

One-third Andhra Pradesh children stunted: survey

One-third of children in Andhra Pradesh are stunted despite falling poverty, considerable economic growth

and the development of significant policies. Stunting has serious long-term implications for health, psycho-social well-being and educational achievement.

Despite higher enrolment, drop-out and school quality remain critical issues.

Around one in four (27 per cent of Younger Cohort [YC]) who were aged 6-18 months in 2001 and were 8 years in 2009 children have low body mass index (BMI) for age, while almost one in three are stunted (Low height for age) at 8 years though it has fallen from 33 per cent at 5 years. In 2009, YC children in rural areas were experiencing a higher prevalence of low BMI for age (29 per cent) as well as stunting (34 per cent) than children from urban areas for whom the corresponding figures were 22 per cent and 16 per cent.

The experience of both stunting and thinness (BMI) is patterned by caste or ethnic background. Comparing the two cohorts in 2002 and 2009-when they were both aged 8-suggests stunting rates went down for the other castes and backward classes but hardly moved for Scheduled Castes and actually increased for children from Scheduled Tribe backgrounds.

Table 1 : Percentage of thin or underweight 8 years old children in in Andhra Pradesh

Category	2002	2009
Male	32.1	29.5
Female	19.9	24.6
Urban	23.7	21.6
Rural	26.6	29.6
Scheduled Tribe	20.8	22.5
Scheduled Caste	25.4	28.4
Backward Classes	29.1	30.4
Other Castes	22.0	21.4

Source : Young Lives, *The Impact of Growth on Childhood Poverty in Andhra Pradesh, 2011.*



Fall in intake of calorie, food grains availability:

Despite surplus food stocks in the central pool, the per capita per day intake of calorie and protein has declined in the country between 2004-05 and 2009-10. The per capita net availability of foodgrains including rice, wheat, other cereals and pulses too declined every year between 2006 and 2010, and, while 42.5 per cent children under five years under-weight, 69.5 per cent are anaemic.

Although calorie intake is higher in the rural areas compared to urban areas, it has declined in both populations. Calorie intake in 2004-05 was 2,047 Kcal and protein intake was 57 grams in rural populations. It declined to 2020 Kcal and 55 grams in 2009-10. In urban populations, the calorie intake of 2020 Kcal and protein intake of 57 gram in 2004-05, fell to 1946 Kcal and 53.5 grams respectively in 2009-10.

The per capita availability of food grains per year in 2006 was 162.5 kg. This has come down to 160.1 kg in 2010. The rice and wheat stocks in the country were 59.6 million tonnes as against the buffer norm of 21.2 million tonnes. While the estimated production of pulses was 17.5 million tonnes in 2012-13, the demand was 20.4 million tonnes and the gap of around 3 million tonnes is met by imports. In edible oils, the total consumption during 2011-12 was 18.9 million tonnes and 9.9 million tonnes was imported.

The total food grains allocation in the targetted Public Distribution System and for welfare schemes was 62.7 million tonnes in 2012-13. The National Food Security Bill that provides for mandatory distribution of subsidized foodgrains to 67 per cent of population¹¹.

Guidelines to reduce malnutrition

According to the Ministry of Women and Child Development when the expectant mother gets proper nutrition, there is no place for malnutrition.

1. The foundation of a healthy baby is laid in a healthy mother's womb.
2. A nutrition and balanced diet including green leafy vegetables, cereals, pulses, milk, eggs, fruits, etc. is necessary.
3. Pregnant mothers should eat more than their usual intake-approximately 25 per cent more.
4. Pregnant mothers should avail of iron and folic acid tablets from the Anganwadi or local health centre, free of cost.
5. Pregnant mothers should get at least 8 hours of sleep in the night and at least 2 hours of rest during the daytime.
6. Pregnant mothers should avail of nutritious meals from the Anganwadi and consume it regularly.
7. Pregnant mothers should be kept tension-free. Take care that a happy environment is maintained around her.
8. If proper care of the mother is not taken during pregnancy, the child might be malnourished.

Four golden rules, 1 big idea, Malnutrition, Quit India

1. Proper nutrition for the mother during pregnancy.
2. Mother's first milk is essential for the baby.
3. Only mother's milk for the first six months.
4. And then, a nutritious diet along with mother's milk¹².



A Programme to address malnutrition

The Centre has finally approved the rollout of the Multi-sectoral Nutrition Programme to address the problems of maternal and child under-nutrition in the country. The programme, recommended by the Prime Minister's National Council on India's Nutrition Challenges in 2010, will be implemented in 200 high-burden districts in two phases at an estimated cost of Rs. 1,213.19 crore. It will be a Centrally Sponsored Scheme under the National Nutrition Mission, with the Centre-State cost sharing ratio 90:10 for all components in the north-eastern States and special Category States, and 75:25 for the other States and the Union Territories.

The first phase will begin in 100 districts in 2013-14, and the rest will be covered in the second in 2014-15. The National Mission Steering Group and the Empowered Programme Committee constituted for Integrated Child Development Services (ICDS) Mission will be the highest administrative and technical bodies for ensuring effective planning, implementation, monitoring and supervision.

The programme will bring in strong nutrition focus in various sectoral plans and provide gap-filling support to key nutrition-related intervention targets to contribute to the prevention of and reduction in child under-nutrition (underweight prevalence in children under three) ; and reduction in the levels of anaemia among children, adolescent girls and women. It will also work for the establishment of State and District Nutrition Councils¹³.

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