Addressing Undernutrition in India

What is the issue?

- There is decline in infant and under-five mortality rates in India along with a simultaneous increase in undernutrition.
- This calls for adopting a holistic approach in child healthcare and addressing the root causes for undernutrition.

What is the undernutrition scenario?

- Through the interaction of the indices of height, weight and age, undernutrition takes the form of -
    i. stunting (low height-for-age)
    ii. wasting (low weight-for-height)
    iii. underweight (low weight-for-age)
- As opposed to macroeconomic indicators, social development indicators change gradually over a longer period of time.
- Accordingly, the results of these interventions are reflected with a lag.
- Despite an understanding on this fact, the incidence of undernutrition in children in India is high.
- The proportion of children under 5 years of age in the stunted and underweight category has witnessed only a marginal decline in the previous decade.
- On the other hand, wasting and severe wasting have increased significantly.

What is the infant mortality scenario?

- Historically, childbirth has been dangerous for both women and infants, despite largely preventable causal factors.
- But, the government interventions in recent years in healthcare in terms of budget allocation, healthcare schemes and health outcomes have helped significantly.
- Sustained efforts at addressing the causal factors of high infant mortality rate (IMR) have resulted in its consistent decline from 55.7 (2005) to 32 (2017).
- The percentage of institutional deliveries has nearly doubled from around 38% (2005-06) to 78% (2015-16) through initiatives such as Janani Suraksha Yojana.

- Interventions in neonatal (first 28 days of birth) and post-neonatal healthcare (first 28 days of birth to 1 year) have played a pivotal role in bringing down child mortality.
- Furthermore, schemes such as the National Rural Health Mission and the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy have helped much.
- India is thus moving closer to the Sustainable Development Goals (SDGs) target of ending preventable deaths of infants and mothers by 2030.
- Meanwhile, the commensurate decline in under-five mortality rate (U5MR) has taken place at a visibly faster pace than IMR.
- U5MR for India is now almost at par with the global average of 39.
- This is a result of measures and efforts in immunisation coverage and other factors.

What do these imply?

- Clearly, on one hand, IMR and U5MR are declining, and on the other, the burden of undernutrition in children in absolute numbers is on the rise.
- Undernutrition certainly indicates the much-to-be-desired nutritional status of the country.
- The nascent stages of policy intervention towards addressing moratlity rates have prioritised the survival of children.
- It reflects the principle of "first ‘survive’ and then ‘thrive’", as advocated by the World Health Organisation (WHO).

What is the policy shortfall?

- The government policy has focused on significant causal factors of IMR and U5MR, like postnatal healthcare.
- However, other important factors like nutritional status of adolescent girls (future mothers) and prenatal nutrition have received scant attention.
- But notably, nutritional status runs in a viscous intergenerational cycle.
- The adolescent girls with poor nutritional status later become undernourished pregnant women.
- They, in turn, are likely to give birth to children who are stunted, wasted or underweight.

What lies ahead?

- A lower IMR and U5MR means that the total population of surviving children has increased in absolute numbers.
- As a consequence, the total proportion of undernourished children has also

increased in absolute numbers.

- The next logical step would thus involve shifting focus of government policy towards tackling the incidence of undernutrition.
- Any attempt to reduce undernutrition in India should address the root causes.
- Policy intervention should now focus on bringing down the incidence of undernutrition in adolescent girls, pregnant women and young children.

Source: Financial Express

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