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NUTRITIONAL ISSUES AND IMPLICATIONS FOR FOOD POLICY IN INDIA

Parul Gupta
Student, Johns Hopkins University

Short Profile

Parul Gupta is a Student in Johns Hopkins University.

ABSTRACT:
Trends in nutritional outcomes in India mostly paint a bleak picture. Despite economic development and income growth, not much progress has been registered in terms of nutritional outcomes, and anemia, underweight, malnutrition, and stunting are prevalent especially in women and children. Complex issues are at play, and a holistic multipronged policy approach is required to combat the menace of inadequate nutrition.

KEYWORDS
nutrition, underweight, policy, food, income, consumption.

INTRODUCTION :

It is quite ironic that in a country, where food plays an important role not just in culture but also in the socio-economic-political context, the "true" purpose of food, that pf providing nutrition has been neglected in public policy to a large extent.

The trends reveal a deplorable situation: National Family Health Survey NFHS-2 (1998-99) reported that 42% of children under the age of 3 are underweight, 52% adult women are anaemic and 36% have a body mass index (BMI) of less than 18.5 (underweight). What's disheartening is that even the recent figures are not encouraging, and suggest very slow improvements, if at all. NFHS-3 (2005-06) data reveals that 40.4% children under the age of 3 are still underweight, 44.9% children in the same age group are stunted, 78% children are anaemic and 33% adult women have low BMI. Between 20 to 30% of children born in India have low birth weight (indicative of poor maternal health, and long term implications). All this suggests that income growth has not translated into better nutritional outcomes.
It is important to be concerned about hunger and poor nutrition, not just from a humanitarian angle, but also from a socio-economic perspective. Stunted and underweight children have higher mortality risks. Half of under 5 deaths can be attributed to malnutrition. Further, low birth weight has implications for long term learning ability and hence income prospects. Poor nutrition also feeds into frequent infections, diarrhea and respiratory ailments and results in poor school attendance and educational attainment. Women's undernutrition (anemia, low BMI, micronutrient deficiencies) has severe consequences for maternal mortality, long term bone strength, and also poor foetal growth. In quantitative terms, stunting, wasting and low birth weight result in about 25 million disability adjusted life years (DALYs) lost each year in India. In sum, health, productivity and general well-being is affected by poor nutrition.

To better guide policy making, it is important to assess the complex causes of undernutrition and identify the recent trends in correlates considered to be linked to nutrition, such as cereal intake, caloric consumption, nutrient deficiencies and so on.

NSS data suggests that there was a decline in average per capita cereal intake both in rural and urban areas, between 1983 and 2001. This decline, however, has been associated with increases in non-cereal food intake, such as, milk, oil, fish, meat, fruits across most income categories. The puzzle that these "diversification" trends offer is the absence of increase in nutrient consumption: per capita calorie intake in rural India has declined and micronutrients intake doesn't register an increase either, over the last two decades. Some analysts interpret these trends as evidence of "impoverishment" of the rural population. However, this interpretation doesn't reconcile well with the income and poverty figures (which have registered an improvement). More plausible explanations for reduced calorie intake could be a reduction in calorie requirement itself (due to less physical labour, especially on farms and for commuting) and improvement in health. There could also be a move towards "costlier" cereal (basmati rice, polished wheat). Finally, it is also possible that an Engels curve relation exists between cereal intake and income. Thus, the decline or very small increase in cereal intake could be a natural outcome of the increase in incomes.

However, the primary question of decline in nutrient intake remains to be answered. Perhaps lifestyle changes, food habits and low nutritional content (due to adulteration) could explain these paradoxical findings.

There also seems to be a lack of clear relation between food intake and nutrition outcomes, as

shown by interregional analysis in India: Kerala and Tamil Nadu have low energy intakes but perform well on nutrition indicators, while Uttar Pradesh has a high calorie intake yet performs badly on nutritional outcomes.

Such evidence points to the role of non-food factors. Education, sanitation, water, prenatal care, maternal nutrition all contribute to the prevalence of undernutrition, and these complex links need to be recognized, to be able to formulate effective polices targeting this issue.

Until now, food policy was structured primarily around calorie requirements. Since cereal intake is the most straightforward way of increasing calorie and energy consumption, measures such as Public Distribution System (PDS) and Green Revolution emphasized upon supply of staples (rice/wheat) at a subsidized price and higher productivity in the farm sector, respectively. Given the recent trends, however, it is clear a holistic approach in policy making is required, which goes beyond merely an increase in food/calorie intake. The following issues need to be considered while designing a multi-pronged nutrition policy:

1.PDS program of "grain delivery" (and income stability) should be supplemented with a "nutrition delivery" mechanism, for example through provision of fortified grain, pulses and salt (iodized).
2.Measures such as Integrated Child Development Services (ICDS) which focus on vaccination, deworming and supplemental nutrition should expand in coverage and steps should be taken to ensure utilization of these services, so that benefits are realized.
3.Since there doesn't seem to be a strong link between income and nutrition, only focusing on increasing income will not ensure improvement in nutritional outcomes, and awareness/public information campaigns are important to deliver crucialinformation regarding nutrition.
4.Water and sanitation improvements are crucial in overcoming malnutrition outcomes such as stunting. In addition, maternal care, and prenatal care (vaccinesetc.) are indispensable tools in achieving improved nutrition.
5.Since intra-household distribution and biases are important issues, individual-targeted interventions rather than household-targeted measures may be more effective. For instance, nutrition/vaccination services for pregnant and adolescent women and growing children are steps in the right direction.
Since nutrition is a complex issue, and is not only focused on "food", coherence and integration of policies is of utmost importance. For this, coordination of various ministries (women, health, child care, consumer affairs) and departments is essential—a task which seems slightly uphill.

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