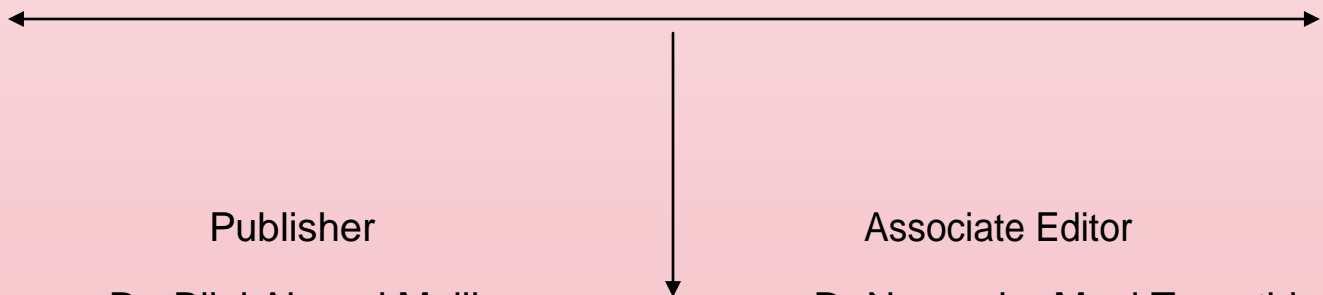


# North Asian International Research Journal Consortium

*North Asian International Research Journal  
Of  
Multidisciplinary*

Chief Editor

Dr. Nisar Hussain Malik



Publisher

Dr. Bilal Ahmad Malik

Associate Editor

Dr. Nagendra Mani Trpathi

NAIRJC JOURNAL PUBLICATION

North Asian  
International  
Research Journal Consortium



## Welcome to NAIRJC

ISSN NO: 2454 - 2326

North Asian International Research Journal is a multidisciplinary research journal, published monthly in English, Hindi, Urdu all research papers submitted to the journal will be double-blind peer reviewed referred by members of the editorial board. Readers will include investigator in Universities, Research Institutes Government and Industry with research interest in the general subjects

### Editorial Board

J.Anil Kumar Head Geography University of Thirvanathpuram	Sanjuket Das Head Economics Samplpur University	Adgaonkar Ganesh Dept. of Commerce, B.S.A.U Aruganbad
Kiran Mishra Dept. of English,Ranchi University, Jharkhand	Somanath Reddy Dept. of Social Work, Gulbarga University.	Rajpal Choudhary Dept. Govt. Engg. College Bikaner Rajasthan
R.D. Sharma Head Commerce & Management Jammu University	R.P. Pandday Head Education Dr. C.V.Raman University	Moinuddin Khan Dept. of Botany SinghaniyaUniversity Rajasthan.
Manish Mishra Dept. of Engg, United College Ald.UPTU Lucknow	K.M Bhandarkar Praful Patel College of Education, Gondia	Ravi Kumar Pandey Director, H.I.M.T, Allahabad
Tihar Pandit Dept. of Environmental Science, University of Kashmir.	Simnani Dept. of Political Science, Govt. Degree College Pulwama, University of Kashmir.	Ashok D. Wagh Head PG. Dept. of Accountancy, B.N.N.College, Bhiwandi, Thane, Maharashtra.
Neelam Yaday Head Exam. Mat.K..M .Patel College Thakurli (E), Thane, Maharashtra	Nisar Hussain Dept. of Medicine A.I. Medical College (U.P) Kanpur University	M.C.P. Singh Head Information Technology Dr C.V. Rama University
Ashak Hussain Head Pol-Science G.B, PG College Ald. Kanpur University	Khagendra Nath Sethi Head Dept. of History Sambalpur University.	Rama Singh Dept. of Political Science A.K.D College, Ald.University of Allahabad

**Address: -North Asian International Research Journal Consortium (NAIRJC) 221 Gangoo, Pulwama, Jammu and Kashmir, India -192301, Cell: 09086405302, 09906662570, Ph. No: 01933-212815, Email: [nairjc5@gmail.com](mailto:nairjc5@gmail.com), [info@nairjc.com](mailto:info@nairjc.com) Website: [www.nairjc.com](http://www.nairjc.com)**



## NEED TO REDUCING MALNUTRITION IN INDIA

ADITYA NATH JHA\*

Research Scholar (Management) L.N Mithila University, Darbhanga

### INTRODUCTION

The policy directions of the "Health for All" declaration became the stated policy of Government of India with the adoption of the National Health Policy Statement of 1983. India's health sector has always posed major challenges to policy makers raising demand for increased budgetary spending every year to make it commensurate with desired results in terms of a healthy nation. And it is an accepted fact by experts that there is a strong relationship between economic growth and better health- it being a two way relationship. A population with major health problems cannot become part of the Nation's growth process. On the other hand, a nation beset by health problems can have a retarding effect on the country's development goals.

Both the Millennium Development Goals and later the new set of Sustainable Development Goals had appreciated this fact and integrated Health Goals into their agenda. India, as a signatory to the SDGs needs now to gear up its policies and work out its health priorities to achieve those targets. Equally importantly, it need to work towards greater cohesiveness in integrating its policies and actions in the health sector to its developmental programmes in other sectors.

The health sector in India is at the cross-roads. This is partly due to an interesting relationship between development and health, which is known as the preston curve. In 1975, samuel preston showed that if the health of nations as measured by life expectancy is plotted against the wealth of nations as measured by GDP per capita then up to a point, there is a sharp increase in life expectancy for even the modest increase in GDP per capita. Then the curve suddenly flattens out and after this point, large increase in public health expenditure are required for modest increase in life expectancy (Deaton, 2013).

### MALNUTRITION IS A GLOBAL CHALLENGE

According to World Health Organization (2015), under-nutrition or malnutrition is the major cause of death in 45 per cent of all death among children below 5 years. During 1990-2013, the proportion of underweight children in developing countries declined from 28 percent to 17 percent and expected to be 16 percent in 2015 (globally declined from 25 percent in 1990 to 15 percent in (2013) against the target of halving the proportion of people suffering from hunger. The MDG target for this indicator was met in WHO's North and South Americas, European region and Western Pacific region but not in Eastern Mediterranean region, South-East Asian region and African region. In India, about 47 percent children are underweight. Similarly during 1990-2013, the number



of stunted children declined globally from 257 million to 161 million, a decrease of 37 percent. We could not achieve this target.

Malnutrition at an early age leads to reduced physical and mental development during childhood. Stunting, for example, affects more than 147 million pre-schoolers in developing countries (UNSCN5). Worldwide, under nutrition is responsible for 45 percent of child deaths, directly or through diseases made more severe because of it. Even mildly under weight children face twice the risk of death as compared to well nourished children. Among micronutrients. Vitamin A deficiency compromises the immune system and leads to the death of approx 1 million children each year. Globally, severe iron deficiency is the cause of more than 60,000 deaths per year of women during pregnancy. Similarly, maternal folate deficiency leads to 250,000 severe birth defects and iodine deficiency in pregnancy causes mental impairment of almost 18 million infants per year and a lowering of 0-15 IQ points in school children. Indian Health Report: Nutrition. (2015).

Iron deficiency weakens the maternal body, impairs intrauterine growth and increase the risk of both maternal and foetal morbidity and mortality (World Health Organization 2000a). Malnutrition also has widespread economic ramifications. Problems related to anaemia, for example, including cognitive impairment in children and low productivity in adults, cost US\$5 billion a year in South Asia alone (Rose & Horton, 1998).

### **THERE IS LINKAGE BETWEEN HEALTH AND NUTRITION**

The intergenerational cycle of growth failure, first described in 1992 explains how growth failure is transmitted across generations through the mother, thereby highlighting the importance of addressing women's health and well being to bring about a significant change in the situation of malnutrition. Undernourished girls are likely to reach adolescence in disadvantaged physical conditions, and this may in turn, have severe implications for their overall health, in particular when they experience early pregnancies. Stunted and/ or anaemic adolescent mothers are more likely to have complications during childbirth and the postpartum period, as well as to give birth to premature and low-weight babies. Closely-spaced pregnancies and repeated childbearing, along with heavy physical work, poor diets, discriminations and inadequate health care may severely undermine the nutritional status of many women, with consequences for both them and for the health and nutrition of the next generation (World Health Organization 1997, 2000; United Nations Population Fund 1997, 2000).

### **INDIAN SCENARIO IS NOT IMPRESSIVE**

Despite its commitment to reduce malnutrition levels and its sustained economic growth, India lags behind on all key nutrition indicators. The Rapid Survey in Children shows that 38.7 percent children under the age of 5 are stunted, 19.8 percent are wasted and 42.5 percent are under weight. Stunting is a measure of chronic under nutrition, wasting indicates acute under-nutrition and under-weight is a composite of these two conditions. Until 2006, the rate of decline in these figures was rather slow. However, progress accelerated since NFHS-3 with the average annual rate of stunting declining by 2.3 percent per year from 2006-14 compared with 1.2 percent per year between 1992-2006. (RSOC, 2014).

Many efforts are underway to address malnutrition in the country. The Government has been at the forefront with a number of Departments/ Ministries implementing a range of schemes and programmes that have



direct and indirect bearing on nutrition. Notably, the ICDS, a flagship programme of the Ministry of Women and Child Development, works towards improving the nutrition and health status of children and expectant mothers through a package of services supplementary nutrition, immunization, health check ups, referral services etc. through a cadre of frontline workers at the Anganwadi Centres. Ministry of Food & Civil Supplies manages the mega Public Distribution System (PDS) providing affordable food to households while the Ministry of Rural Development implements the MGNREGS with the aim to enhance household level incomes and thereby enable better access to food. The Mid-day Meal Scheme being implemented under the Ministry of Human Resource Development is the world's largest school feeding programme. Ministry of Tribal Affairs manages a range of initiatives for addressing multiple need of tribal populations including hunger and nutrition. A large number of initiatives are also being undertaken by the private sector, civil society organisation and other development partners including the UN agencies.

### WHAT NEEDS TO BE DONE

Nutritional status and progress on reducing stunting vary markedly across India's states indicating that state specific approaches are necessary to achieve further gains in reducing stunting. We must remember that India will ignore the problem of under nutrition and its impact on child development at its peril and risk large economic, health and social consequences for future generations. India's under nutrition problems is a serious threat to child development. Accelerating action at the state level is essential to change the course of the future for India's children. We should also keep in mind that with high prevalence of hold maternal height, low body mass index and anaemia, India's women are too at great peril of having small babies.

India's public health spending is 1.1 percent of its GDP, compared to 2.9 percent and 4.1 percent in China and Brazil respectively. It is not possible to maintain an adequate public health system with inadequate financing. Moreover, there is no existing health system model that can be applied to India.

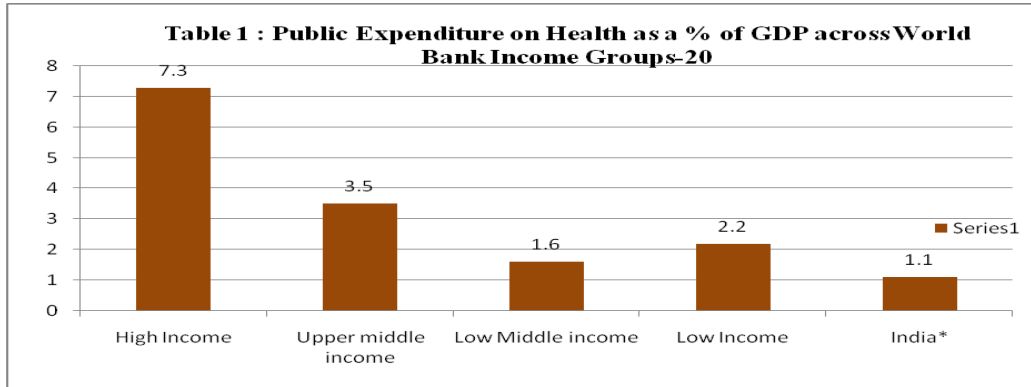
The health goals for the country demand the need for an alternative system, which encourage the private and non-state players to engage in partnerships with the state run public healthcare delivery institution. The current Health care System of India also need to be flexible and should be able to adapt to the changing health need as well as respond to the risks and opportunities that may come in the future.

A new mechanism in the form of public private partnerships (PPs) in the health care delivery is being encouraged by the Government. The SAP-LAP analysis of the Indian healthcare system shows that such PPPs can be successful if sustainable models are promoted. There is also a need for a clear guideline or policy in formulating PPPs as these models tend to be quite varied in nature, scope and delivery.

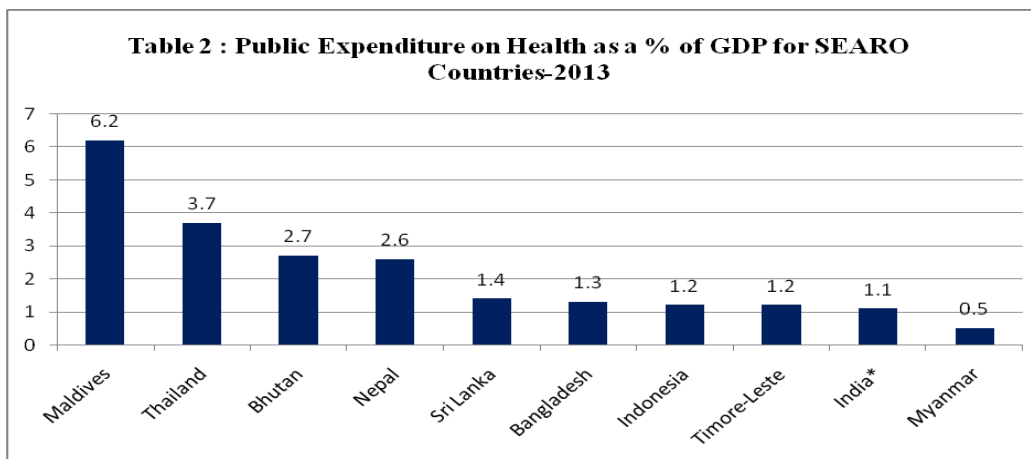
In the last two decades, There has been a growing concern over the performance of the healthcare delivery system in India, with mere allocation of hardly 1.1 percent GDP to Public Health Which is too meagre an amount to meet up growing demand of health care facilities. According to Govt. of India document (2005), only 10 percent of Indians have some form of health insurance 40 percent of Indians have to borrow money or sell their assets to meet their health care expenses. Nearly 25 percent of Indians slips below the poverty line because of hospitalizations due to a single kind of illness. The public health delivery system in its present state is unable to deliver or meet the health goals of India.



Financing of health care is one of the key in delivery of health care. Not only health spending should be increased but also is efficient manner which may result positive for the targeted concerns.



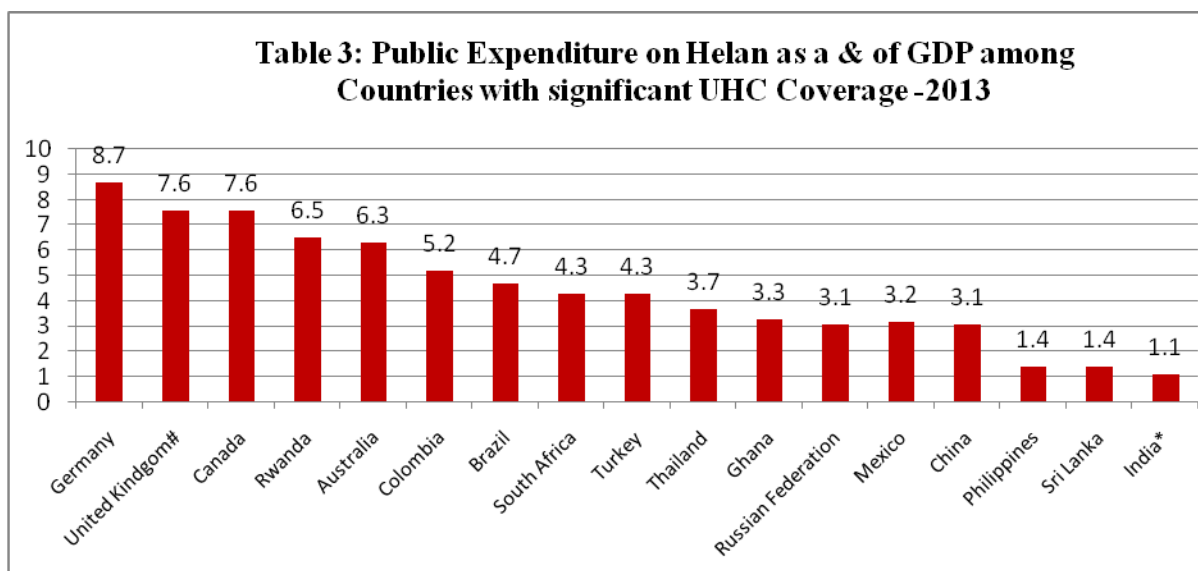
Source: WHO: Global Health Observatory, WHO Database



Source: Global Health Observatory, WHO Database

Note:

\*\* SEARO countries exclude Democratic People's Republic of Korea due to data being unavailable.



Source: Global Health Observatory, WHO Database

Note:

# United Kingdom includes Great Britain & Northern Ireland

## CONCLUSION

Disease and malnutrition have close links; in many ways, malnutrition is the largest single contributor to disease in the world, according to the UN's standing Committee on Nutrition (UNSCN). In some instances, ill health or disease could be a direct consequence of malnutrition, while in others, a key contributor. So, public awareness creation is urgently required. People must have awareness of nutritional aspects. It is a matter of pleasure that stunting, wasting and under weight rates of India's children has declined, especially during the last decade, but still exceed levels observed in countries at similar income levels. At the same time the rate of improvement in nutritional status has not kept pace with India's significant gains in economic prosperity and agricultural productivity during recent decades.

"Health is Wealth" may be an oft quoted dictum. But it is also a reality that a healthy person is more able to take care of himself / herself and his/her family, as also, the nation. A Nation with a healthy population is more capable of contributing to and achieving its development goals and making India vivid and vibrant.

## REFERENCES

1. Deaton, Angus (2013), The Great Escape: Health, Wealth and the Origins of Inequality, Princeton University Press, Princeton.
2. Hazra, Anupom (2010), State of Health in India: An Analysis, Kurukshetra, Vol. 58, No. 4 February, p. 4
3. Mishra, Meera (2016), Reducing Malnutrition: Women's Health Holds the Key, Yojana- A Development Monthly, Vol. 60, No. 2, February, pp. 46-48.



4. NSSO 71st Round Data on Health and Beyond
5. Sunderaraman, T (2016), Health Sector in India: Perspative and way Forward, Yojana A Development Monthly, Vol. 60 No.2, February, pp. 2-5
6. World Health Statistics, 2015
7. [www.mohfw.nic.in](http://www.mohfw.nic.in)
8. [www.prb.org](http://www.prb.org)
9. [www.who.int](http://www.who.int).

## Publish Research Article

Dear Sir/Mam,

We invite unpublished Research Paper, Summary of Research Project, Theses, Books and Book Review for publication.

**Address:- North Asian International Research Journal Consortium (NAIRJC)  
221, Gangoo Pulwama - 192301**

**Jammu & Kashmir, India**

**Cell: 09086405302, 09906662570,**

**Ph No: 01933212815**

**Email: [nairjc5@gmail.com](mailto:nairjc5@gmail.com), [info@nairjc.com](mailto:info@nairjc.com)**

**Website: [www.nairjc.com](http://www.nairjc.com)**

