



# Burden of malnutrition in India

Published On: 31-01-2024

**Why is in news?** How to tackle malnutrition effectively

**Malnutrition in India is a complicated problem.** It serves as an illustration of how India is a country of extremes. Many people in the population are poor and unable to buy as much food as they require.

In contrast to this, obesity is becoming a more widespread problem across the nation.

Over 40% of youngsters receive less food than they should, and almost a third of Indians are thought to be malnourished.

Malnutrition refers to **deficiencies or excesses in nutrient intake, imbalance of essential nutrients**, or impaired nutrient utilization.

The double burden of malnutrition consists of both **undernutrition and overweight and obesity**, as well as diet-related non-communicable diseases.

Undernutrition manifests in four broad forms: **wasting, stunting, underweight, and micronutrient deficiencies**.

## Prevalence of malnutrition in India:

The **Global Hunger Index (GHI) 2022**, India came in at position 107 out of 121. It examines stunting, wasting, and mortality among children as well as caloric insufficiency throughout the population, making it a crucial indicator of nutrition, especially for children.

According to India's **National Family Health Survey (NFHS-5)**, from 2019 to 21, 35.5% of children under the age of five had stunting, 19.3% had wasted, and 32.1% had an underweight condition.

Meanwhile, a smaller 3% fall into the **overweight** category.

As per **FAO data**, about 46 per cent of South Asia's population lacks access to an affordable balanced diet.

According to **The State of Food Security and Nutrition in the World, 2023**, around 74 per cent of India's population could not afford a healthy diet, and 39 per cent fell short of a nutrient-adequate one.

The **prevalence of anaemia**, which is marked by low haemoglobin levels, is alarmingly high, affecting a staggering 67% of **children** below the age of five.

Digging deeper into these statistics reveals stark gender disparities. **Women**, in particular, bear a disproportionate burden, with a substantial 57% of Indian women grappling with anaemia, compared to the relatively lower rate of 25% among men under the age of 50.

Furthermore, about 19% of women and 16% of **men** under the age of 50 contend with undernourishment, while a notable 24% of women and 23% of men struggle with obesity.

These figures collectively underscore the sombre reality that nearly 40% of India's expansive population, which boasts a total of 1.4 billion individuals, faces the challenging issue of malnutrition in its various forms.

### **Reasons for prevailing malnutrition:**

Owing to the **economic disparities** prevalent in various segments of the population, a significant portion often grapples with inadequacies in both the quality and quantity of their diet. Those with limited financial means often find it challenging to afford nutritious food or encounter barriers in accessing it.

A considerable portion of India's populace **lacks access to fundamental healthcare services**, including immunization, antenatal care, and treatment for common infections. This deficiency amplifies the risk of diseases and complications that can exacerbate the issue of malnutrition.

Many individuals within India are unaware of the critical importance of proper nutrition and **may lack knowledge regarding best practices** to ensure it. **Illiteracy compounds** this challenge by restricting access to information and educational resources related to nutrition.

The **Public Distribution System**, a government initiative designed to provide subsidized food grains and essential commodities to impoverished households, grapples with numerous issues. Consequently, **numerous individuals in need of food assistance either do not receive it or obtain inadequate quantities.**

The **Integrated Child Development Scheme** endeavour, aspires to enhance the nutrition and health of children under six years of age and pregnant or lactating women. The ICDS faces several impediments, including **inadequate funding, staff shortages, subpar service quality, and low participation rates.**

**Inadequate sanitation and hygiene practices** heighten the risk of exposure to pathogens and parasites that can induce infections and diseases. Such health issues can impair the absorption and utilization of nutrients in the body, consequently contributing to malnutrition.

### **Measures Taken to Tackle Malnutrition:**

**Poshan Abhiyan:** It is a multi-ministerial convergence mission with the vision to ensure the attainment of malnutrition free India by 2022. The Ministry of Women and Child Development (MWCD) is implementing POSHAN Abhiyaan.

**Integrated Child Development Services:** It was launched on 2nd October 1975 and it represents one of the world's largest and unique programmes for early childhood care and development. The beneficiaries under the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers

**Matritva Sahyog Yojana:** Indira Gandhi Matritva Sahyog Yojana (IGMSY) is a Conditional Maternity Benefit (CMB) Scheme launched in 2010. It was launched for pregnant and lactating women to improve their health and nutrition status to better-enable the environment by providing cash incentives to pregnant and nursing mothers.

**Pradhan Mantri Matru Vandana Yojana:** Rs. 6,000 is transferred directly to the bank accounts of pregnant women and lactating mothers for availing better facilities for their delivery to compensate for wage loss and is eligible for the first child of the family. Implementation of the scheme is closely monitored by the central and state governments through the Pradhan Mantri Matru Vandana Yojana-Common Application Software (PMMVY-CAS).

**Mid-Day Meal Scheme:** The Mid-day Meal Scheme is a school meal programme in India designed to better the nutritional standing of school-age children. It covers all school students studying in Classes 1 to 8 of government schools, government-aided schools, special training centres, including madrasas supported under Samagra Shiksha Abhiyan.

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**National Food Security Mission:** It was launched in 2007-08 by the Ministry of Agriculture and Farmers' Welfare, based on the recommendations of the agriculture sub-committee of the National Development Council (NDC). It focuses on the sustainable increase in the production of targeted crops through area expansion and productivity enhancement.

**National Nutrition Mission:** It is the government's flagship programme to improve nutritional outcomes for children, pregnant women and lactating mothers.

**Aim:** To reduce stunting and wasting by 2 per cent per year (total 6 per cent until 2022) among children and anaemia by 3 per cent per year (total 9 per cent until 2022) among children, adolescent girls and pregnant women and lactating mothers.

**National Nutrition Strategy:** The Strategy aims to reduce all forms of malnutrition by 2030, with a focus on the most vulnerable and critical age groups. The Strategy also aims to assist in achieving the targets identified as part of the Sustainable Development Goals related to nutrition and health.

**Large-Scale Food Fortification (LSFF):** LSFF, when aligned with micronutrient supplementation programmes, diet diversity promotion and measures to induce behavioural change has immense potential to improve the efficacy of existing initiatives. Food fortification may not be the ideal remedy. However, it is a vital first step. Many countries adopted universal food fortification several years ago. India lags behind here.

**Anemia Mukht Bharat Abhiyan:** The mission was launched in 2018 to accelerate anemia decline by one to three percentage points annually.

### Way forward:

To **improve the health and well-being of women and children**, it is crucial to **increase financial investments** in their health and nutrition. This will contribute to their sustainable development and overall quality of life.

India should **adopt an outcome-oriented approach** when implementing nutrition programs. This means focusing on achieving specific results and outcomes rather than just implementing activities.

It is essential to **directly engage with nutritionally vulnerable groups** such as the elderly, pregnant women, individuals with special needs, and young children. This will ensure that key nutrition services and interventions reach those who need them the most.