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Prevalence of Obesity & Undernutrition

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Why is in news? Obesity on the rise, high levels of undernutrition persist in India: What a new study says

India has seen a **steady increase in obesity levels** — **not only in adults but children too** — over the last 32 years. At the same time, the **prevalence of undernutrition has also remained high** in the country.

As a result, India has become one of the countries with a **high “double burden,”** according to a new Lancet study, which examined the trends of malnutrition across the world over the last 32 years.

The study, published on February 29, blamed a **lack of access to affordable and nutritious food** for the prominence of undernutrition and obesity.

While lack of access to food can lead to undernutrition, **increased access to processed foods** high in fats, salt, and sugar has driven up obesity, the study added.

Parameters of being obese and underweight:

According to the **World Health Organisation (WHO)**, **obesity** is an abnormal or excessive accumulation of fat that poses health risks.

Adults — anyone over the age of 20 years — are considered to be obese, if they have a body mass index (BMI) of 30 kg/m² or more.

BMI is a person’s weight in kilograms divided by the square of height in meters, according to the **Centers for Disease Control and Prevention**.

School-aged children and adolescents — anyone between the ages of 5 and 19 years — are considered obese, if their BMI is two standard deviations more than the mean.

Underweight is one of the four broad sub-forms of undernutrition.

An adult is considered underweight if **their BMI is less than 18 kg/m²**. School-aged children and adolescents are considered underweight if their BMI is two standard deviations below the mean.

Findings of the study:

Obesity in **women has spiked** in the past three decades — it increased from 1.2% in 1990 to 9.8% in 2022. There were 44 million women living with obesity in 2022.

Obesity in **men increased** by 4.9 percentage points during the same period, with 26 million men living with obesity in 2022.

Notably, there has also been a **significant increase in childhood** obesity. In 2022, 3.1% of girls and 3.9% of boys were obese.

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In other words, while 0.2 million boys and 0.2 million girls were obese in 1990, 7.3 million boys and 5.2 million girls were obese in 2022.

The prevalence of underweight and thinness continues to be high across genders and age groups, despite the decline. Found that 13.7% of women and 12.5% of men were underweight.

Thinness — a measure of being underweight in children — in **Indian girls was found to be the highest in the world**, with a prevalence of 20.3%. And, it was the **second highest in Indian boys**, with a prevalence of 21.7%.

Reasons for more women obese as compared to men:

Women are more prone to putting on weight because most of them **do not have access to or time for physical activities** such as walks or gyms.

They are also likely to put the nutrition of the family above theirs. They are also **likely to have fewer hours of proper sleep**, waking up first and going to bed last.

If central obesity were to be considered, obesity in women would be as high as 40% to 50% in many parts of the country.

A **better predictor of future risk of diseases** like diabetes and hypertension, central obesity is an excess accumulation of fat in the abdominal area.

How the Socio-economic conditions affect obesity and undernutrition:

Obesity is **no longer the disease of the rich in India**.

Eating junk food is cheaper and easier.

For example, the cost of samosas and pakoras available at roadside shacks is less than fruit and vegetables. While it is not nutritious, it is tastier.

It is the same as the West, where a McDonald's burger will cost say a dollar but fresh vegetables much more. This has **led to an increase in obesity even among the poor**, especially in states that are better off such as Tamil Nadu, Punjab, and Goa.

While it is affecting more people, there **continues to be a rural-urban divide** when it comes to obesity.

An analysis of the **NFHS-5 data** from last year shows that the prevalence of obesity was 31.7% in urban women and 19% in rural women. It was 28.6% among urban men and 18.8% among rural men.

Undernutrition persists in **extremely remote and rural parts of poorer states** where access to any kind of food is low.

Undernutrition is prevalent in the **extremely poor populations** in states like Bihar, Jharkhand, or Odisha, where people might be eating just one meal a day.

Impacts of obesity and undernutrition on health:

The health consequences of obesity are obvious.

An increase in obesity, especially in children, is likely to lead to an increase in diseases such as **diabetes, hypertension, heart attacks, and strokes**.

The undernutrition is likely to **increase the burden of non-communicable diseases**.

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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 MatrVandana 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 MatrVandana 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.

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

Way forward:

Obesity and underweight should not be considered in isolation.

The focus has to be on underweight programmes that **enhance healthy nutrition**, such as targeted cash transfers, food assistance as subsidies or vouchers for healthy foods, free healthy school meals, and primary care-based

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nutritional interventions.

Other than **ensuring food security**, also there is an **urgent need for supporting weight loss** in those with obesity.

Prevention and management are especially important because the age of onset of obesity has decreased, which increases the duration of exposure. **Making healthy food affordable and accessible** is the challenge.

With a boom in the **market for drugs to treat obesity**: **New pharmacological treatment** of obesity, although promising, is likely to have a low impact globally in the **short-term, due to high cost and the absence of generalisable clinical guidelines**.

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.