**Food and Nutrition Security Analysis, India, 2019**

* The Food and Nutrition Security Analysis, India, 2019, a report by the MoSPI and The World Food Programme lists Maharashtra as one of the six States with high levels of stunting and underweight.
* The State also has a prevalence of stunting and wasting.
* Here’s a look at the highlights of the report and overall malnutrition in Maharashtra.

**What is malnutrition?**

* Malnutrition, in all its forms, includes undernutrition (wasting, stunting, underweight) inadequate vitamins or minerals, overweight, obesity, and resulting diet-related non-communicable diseases.

**Types of malnutrition**

* **Moderate Acute malnutrition (MAM):**Children aged between six months and 59 months who are between the -2 and -3 standard deviation for weight for height (wasting) score.
* **Severe Acute Malnutrition (SAM):**Children aged between six months and 59 months and have a weight for height (wasting) score 3 standard deviations below the median, have a mid-upper-arm circumference less than 115 mm, or the presence of bilateral edema.
* **Severe Chronic Malnutrition (SCM):**Calculated with the Z-score defined as a height-for-age index less than –3 standard deviations from the mean weight of a reference population of children of the same height and/or having edema.
* **Stunting:** Calculation is based on height-for-age. It is is associated with an underdeveloped brain, poor learning capacity, and increased nutrition-related diseases.
* **Wasting:** Calculated by weight-for-height. It is associated with decreased fat mass. Also known as wasting syndrome, it causes muscle and fat tissue to waste away.
* **Underweight:** Calculated by the weight-for-age formula. It is a body weight considered to be too low to be healthy. It can reflect both stunting and wasting.

**Food and malnutrition in the country**

* Over the last 20 years, total food grain production in India increased from 198 million tonnes to 269 million tonnes.
* Despite increase in food production, the rate of malnutrition in India remains very high.
* In the food basket, it turns out that in both urban and rural areas, the share of expenditure on cereal and cereal substitutes has declined between 1972-73 and 2011-12, from 57% to 25% in rural areas and from 36% to 19% in urban areas.
* The energy and protein intake from cereals has decreased in both rural and urban India, largely because of increased consumption of other food items such as milk and dairy products, oils and fat and relatively unhealthy food such as fast food, processed food, and sugary beverages.
* The consumption of unhealthy energy and protein sources is much higher in urban areas.

**Double burden of malnutrition**

* For several decades India was dealing with only one form of malnutrition– undernutrition.
* In the last decade, the double burden which includes both over- and undernutrition, is becoming more prominent and poses a new challenge for India.
* From 2005 to 2016, prevalence of low (< 18.5 kg/m2) body mass index (BMI) in Indian women decreased from 36% to 23% and from 34% to 20% among Indian men.
* During the same period, the prevalence of overweight/obesity (BMI > 30 kg/m2) increased from 13% to 21% among women and from 9% to 19% in men.
* Children born to women with low BMI are more likely to be stunted, wasted, and underweight compared to children born to women with normal or high BMI.

**States Performance**

* The highest levels of stunting and underweight are found in Jharkhand, Bihar, Uttar Pradesh, Madhya Pradesh, Gujarat and
* At the national level, among social groups, the prevalence of stunting is highest amongst children from the STs (43.6 percent), followed by SCs (42.5 percent) and OBCs (38.6 percent).
* The prevalence of stunting in children from ST in Rajasthan, Odisha and Meghalaya is high while stunting in children from both ST and SC is high in Maharashtra, Chhattisgarh and Karnataka.
* Prevalence of wasting is highest in Jharkhand (29.0%) and above the national average in eight more States (Haryana, Goa, Rajasthan, Chhattisgarh, Maharashtra, MP, Karnataka and Gujarat) and three UTs (Puducherry, Daman and Diu and Dadra and Nagar Haveli).
* Prevalence of underweight is also highest in Jharkhand (47.8%) and is above the National average in seven more States (Maharashtra, Rajasthan, Chhattisgarh, Gujarat, UP, MP and Bihar) and one UT (Dadra and Nagar Haveli).

## FOOD AND NUTRITION SECURITY ANALYSIS, INDIA, 2019

### **Context**

A new report, ‘Food and Nutrition Security Analysis, India, 2019’, authored by the Government of India and the UNWFP has been released.

**Status of Nutrition coverage in India**

* Malnutrition, in all its forms, includes undernutrition (wasting, stunting, underweight) inadequate vitamins or minerals, overweight, obesity, and resulting diet-related non-communicable diseases.
* India has long been home to the largest number of malnourished children in the world. The highest levels of stunted and underweight children are found in Jharkand, Bihar, Madhya Pradesh, Gujarat and Maharashtra. Some progress has been made in reducing the extent of malnutrition.
* United Nations World Food Programme (UNWFP), paints a picture of hunger and malnutrition amongst children in large pockets of India.
* The report shows the poorest sections of society caught in a trap of poverty and malnutrition, which is being passed on from generation to generation.
  + **Malnutrition**: The proportion of children with chronic malnutrition decreased from 48% percent in 2005-06 to 38.4% in 2015-16.
  + **Underweight**: The percentage of underweight children decreased from 42.5% to 35.7% over the same period.
  + **Anaemia**: Anaemia in young children decreased from 69.5% to 58.5% during this period.
  + **Stunting**: In India over 40% of children from Scheduled Tribes and Scheduled Castes are stunted. Close to 40% of children from the Other Backward Classes are stunted.

**Lacunas in Government Initiatives**

* The government’s National Nutrition Mission (renamed as Poshan Abhiyaan) aims to -
  + reduce stunting ( height below the norm for age) by 2% a year
  + bring down the proportion of stunted children in the population to 25% by 2022
  + But even this modest target will require doubling the current annual rate of reduction in stunting.
  + The minutes of recent meetings of the Executive Committee of Poshan Abhiyaan do not inspire much confidence about whether this can be achieved.
  + A year after it was launched, State and Union Territory governments have only used 16% of the funds allocated to them.
  + Fortified rice and milk were to be introduced in one district per State by March this year, but officials in charge of public distribution had not yet got their act together.
  + The matter is under active consideration of the Ministry of Consumer Affairs, Food and Public Distribution”.

**Impact of Malnutrition**

* Mothers who are hungry and malnourished produce children who are stunted, underweight and unlikely to develop to achieve their full human potential.
* The effects of malnourishment in a small child are not merely physical.
* A developing brain that is deprived of nutrients does not reach its full mental potential.
* Under nutrition can affect cognitive development by causing direct structural damage to the brain and by impairing infant motor development.
* This in turn affects the child’s ability to learn at school, leading to a lifetime of poverty and lack of opportunity.
* These disadvantaged children are likely to do poorly in school and subsequently have low incomes, high fertility, and provide poor care for their children, thus contributing to the intergenerational transmission of poverty.

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| **About UN World Food Programme**   * The World Food Programme (WFP) is the food assistance branch of the United Nations, established in 1961. * It is the world’s largest humanitarian organization addressing hunger and promoting food security. * The WFP strives to eradicate hunger and malnutrition, with the ultimate goal in mind of eliminating the need for food aid itself. * It is a member of the United Nations Development Group and part of its Executive Committee. * The WFP operations are funded by voluntary donations from world governments, corporations and private donors. * WFP food aid is also directed to fight micronutrient deficiencies, reduce child mortality, improve maternal health, and combat disease, including HIV and AIDS and derive Zero Hunger by 2030.   **Important Definitions**   * **Stunting**: Calculation is based on height-for-age. It is is associated with an underdeveloped brain, poor learning capacity, and increased nutrition-related diseases. * **Wasting**: Calculated by weight-for-height. It is associated with decreased fat mass. Also known as wasting syndrome, it causes muscle and fat tissue to waste away. * **Underweight**: Calculated by the weight-for-age formula. It is a body weight considered to be too low to be healthy. It can reflect both stunting and wasting |