

# A huge concern

## STUNTED-CHILDREN POPULATION

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Stunting, overweight and wasting (too thin for height) are the three major concerns ensuing from under-nutrition amongst children. About 156 million children around the world are currently suffering from stunting and about 42 and 50 million from overweight and wasting.

So, basically it's a paradox. On the one hand, there are concerns over severe child-stunting and wasting while on the other, overweight (obesity). Basically, as a part of the world skulks for food, the other gloats up with an excess. But for the latter group (obesity), it is only the excess of nothing: munchies, colas, cheesy bites etc.

About two-third of global stunted-child population live in lower and middle income nations. Under-nutrition leads to about half the deaths among children under five in Asia and Africa. Asia presently hosts the highest proportion for child-stunting, overweight and wasting, outsmarting even Africa. Globally, about 56%, 48% and 68% children in the grip of stunting, overweight and wasting, respectively, reside in Asia.

Rates of child-overweight and wasting are on a steady rise in Asia (2000-2015). The situation further aggravates in some countries as rates of decline in child-stunting gets highly uneven across Asia with about 30% for southern Asia (India, Pakistan, Bangladesh, Sri Lanka, Afghanistan and Nepal) while about 69% for eastern Asia.

Child wasting is nearing its tipping point with the highest global population reported from south Asia: 14.1%. About 67.8% global child-wasting live in Asia, of which about 35% are marked as 'severe' cases.

In India, about 33.7% children suffered from stunting during the 2013-14 period. It is certainly better than Afghanistan, Bangladesh and Nepal where the tally stood at 59.3%, 47.8% and 43%, respectively. But then, in Pakistan, Sri Lanka and Bhutan, this figure hovered around 21.5%, 14.8%, and 11.8%, respectively, and the trend is dropping of late. In India, child-stunting is rising from about 22% in 1988-90 to about 33.7% in 2013-14.

As for child-wasting, India apparently holds a better standing among south Asian countries. Pakistan currently leads the tally with about 1.4% children suffering from wasting, followed by Sri Lanka (2.4%), Bhutan (4%), India (5.6%), Nepal (11.4%), Bangladesh (12.5%) and Afghanistan (18.2%).

India is a proud signatory to the World Health Assembly (the forum through which the World Health Organisation is governed by its 194 member states; it is the world's highest health policy-setting body and is composed of health ministers from member states) but lags far behind many African nations.

Predictions suggest that at the present rate of development, India would barely be at par with sub-Saharan nations like Togo or Ghana by 2030, and China by 2055. In the recent years, the Indian government has brought into effect a series of laudable reforms relevant to nutritional issues such as the Integrated Child Development Services (ICDS), the public distribution system, Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), Swachh Bharat Mission, to name a few.

Recent research, however, suggests that the total budget is still shy by a good \$700 million from the required estimate of about \$6 billion annually. To meet this 'deficit', the budget needs to be hiked up by about 13%. But the question is: is nutrition on priority list at all? Low maternal literacy levels and raving gender inequality are two prime issues leading to elevate under-nutrition related hazards in India. Interestingly, India has already failed to meet the Millennium Development Goals (MDGs) for these two.

A major requirement in the nutritional sector today is the proactive demeanor of the state governments in establishing rigid time-bound targets, which, however, is dismally lacking presently. Only six states - Maharashtra, Odisha, Uttar Pradesh, Madhya Pradesh, Karnataka and Gujarat - have so far set up some sort of very 'rudimentary' targets. Maharashtra paved the path with Rajmata Jijau Mother-Child Health and Nutritional Mission, 2005. It, however, never committed to any time-bound framework, which practically defeats the whole purpose.

### Global targets

Moreover, nutritional targets in these states are largely 'off' from the global targets. Odisha, for example, includes child-stunting, wasting and underweight in its curricula. It, however, excludes the other global targets such as reducing maternal anaemia, child overweight and low birth weight while increasing exclusive breastfeeding by 2025.

Another issue in India is the lack of updated nutritional data to set up time-bound targets. For most of these six states, the data used were from 2005-06 (National Family Health Survey, Phase 3). As under-nutrition related issues are highly temporal in nature, use of older dataset appears over-ambitious to base the targets on. But are we even aware of it?

Stunting is an irreversible damage that affects a child through its entire lifespan. It can also dampen its cognitive skills and undermine its educational processes as a whole. Are there ways to fight stunting-

related damages? Globally, the countries are now adopting the `SMART` approach: Specific-Measurable-Achievable-Relevant-Time bound targets to meet the SDGs.

But where does India stand? None of the Indian states so far has taken up such an approach. More importantly, it doesn't seem to be on the agenda at all. India is home to over a third of global stunted-children population. If India alone could cut down on under-nutrition related losses, the world would dramatically advance towards meeting the SDGs on time, as it once was China for the MDGs.

(Data Source: Global Nutrition Report, 2016; WHO-UNICEF-World Bank JME; August, 2016)

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