



Scaling Up the Indian Dietary Interventions

Context:

Priority should be given to preconception nutrition, maternal nutrition, and child feeding practises in the first 1,000 days of life.

Relevance:

GS Paper 2: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources

Mains Question:

(NFHS)-5 data shows the duality in the Public health infrastructure and policy making.
Comment. (250 words)

Introduction:

As India begins its 75th-anniversary celebrations, there is plenty to be proud of; tremendous developments in science, technology, and medicine have added to the country's ancient, traditional, and civilizational knowledge base, wisdom, and wealth.

The Current Issues in Public health:

- Even after seven decades of independence, India is still plagued by public health challenges such as child malnutrition (**35.5 per cent stunted, 67.1 per cent anaemic**),



which accounts for 68.2 per cent of under-five child mortality.

- Poor nutrition has a negative influence not just on health and survival but also on learning ability and school performance.
- And as an adult, it entails lower earnings and a higher risk of chronic diseases, including diabetes, hypertension, and obesity.

The Government's Firm Actions:

- The government intends to right the ship, rebranding the National Nutrition Mission (NNM) as the Prime Minister's Overarching Scheme for Holistic Nutrition, or POSHAN Abhiyaan.
- Its goal is to reduce malnutrition in women, children, and adolescent girls.
- The Ministry of Women and Children (MWCD) remains the nodal Ministry in charge of implementing the NNM, with the goal of aligning multiple ministries to work together on the "window of opportunity" during the first 1,000 days of life (270 days of pregnancy and 730 days; 0-24 months).
- This method, which avoids essentially irreparable stunting by two years of age, is entirely supported by global and Indian evidence.
- POSHAN Abhiyaan (now referred to as POSHAN 2.0) correctly places a special emphasis on selected high-impact essential nutrition interventions, combined with nutrition-sensitive interventions that indirectly impact mother, infant, and young child nutrition, such as improving maternal-child health service coverage, enhancing women empowerment, availability, and access to improved water, sanitation, and hygiene, and enhancing homestead food production for a diverse diet.

NHFS data: The Takeaways

- Data from the National Family Health Survey (NFHS)-5 2019-21, compared to NFHS-4 2015-16, show a significant improvement in key proxy measures of women's empowerment over a four to five-year period, for which the government deserves recognition.
- There is a significant increase in antenatal service attendance (58.6 to 70.0 per cent); women having their own savings bank accounts (63.0 to 78.6 per cent); women owning mobile phones that they use (45.9 per cent to 54.0 per cent); women married before the age of 18 (26.8 per cent to 23.3 per cent); women with ten or more years of schooling (35.7 per cent to 41.0 per cent); and access to clean fuel for cooking (43.8 per cent to 68.6 per cent).
- Recent evidence from the Centre for Technology Alternatives for Rural Areas (CTARA), IIT Mumbai team indicates that well-planned breastfeeding counselling is provided to pregnant women during antenatal checkups prior to delivery, as well as frequent home visits in follow-up, makes a significant difference. A baby's daily weight gain averaged 30



to 35 grammes per day, and the prevalence of underweight was reduced by about two-thirds.

The Alarming signs

- During this time, the country has made little progress in terms of direct nutrition interventions.
- Preconception nutrition, maternal nutrition, and optimal baby and child feeding all need to be addressed more effectively.
- Even in the first six months of life, when exclusive breastfeeding is the only sustenance necessary, India has a 20% to 30% undernutrition rate. Neither maternal nutrition care interventions nor baby and young child feeding behaviours produced the expected results. A policy on maternal nutrition is still pending.
- Despite a policy on infant and young child feeding and a restriction on the sale of commercial milk for newborn feeding, the practice of exclusive breastfeeding has only improved somewhat (EBF).
- Child malnutrition persists in the first three months of life. Raising awareness about EBF, as well as supporting appropriate holding, latching, and manually emptying the breast, are critical for the optimal transfer of breast milk to a baby.
- NFHS-5 also confirms a gap in another nutrition intervention: complementary feeding practices, which include supplementing semi-solid feeding with breast milk from six months on.
- Poor complementary feeding is typically caused by a lack of information about when to begin feeding at six to eight months, what and how to feed suitably family food items, how frequently and in what quantity, and so on.
- The fact that 20% of children in upper socioeconomic groups are stunted also suggests a lack of understanding of food selection and feeding techniques, as well as a child's ability to swallow mashed food.

Action Required:

- Creating awareness about special care in the first 1,000 days at the right moment with the proper tools and procedures merits top consideration.
- We must act immediately and commit financial and energy in a mission mode. Using his 'Mann Ki Baat' initiative, the Prime Minister may give POSHAN 2.0 a huge push, much as he did Swachh Bharat Abhiyaan.
- There is an urgent need to rethink and update the system driving POSHAN 2.0 in order to eliminate any weaknesses in its execution.
- We need to examine whether we are making the best use of the opportunity for service delivery contacts with mother-child in the first 1,000 days. There is a need to revisit the nodal system for a nutrition programme that has been in place since 1975, the



Integrated Child Development Scheme (ICDS) under the Ministry of Women and Children, and determine whether it is the best system for reaching mother-child in the first 1000 days of life.

- We are missing out on frequent encounters with expectant mothers and children that the public health sector delivers during antenatal care and child immunisation services by relying on the ICDS.
- There is also a need to investigate whether there is an alternate approach to delivering ICDS-supplied supplementary nutrition as Take-Home Ration packages through Public Distribution (PDS), freeing up Anganwadi workers to provide timely counselling on optimal mother and child feeding habits.

National Family Health Survey (NFHS):

- The NFHS is a multi-round, large-scale survey conducted on a representative sample of households across India.
- The International Institute for Population Sciences (IIPS) in Mumbai has been chosen as the lead institution for providing coordination and technical guidance for the survey by the Ministry of Health and Family Welfare (MoHFW).
- For survey execution, IIPS works with a variety of Field Organizations (FO).
- USAID, the Bill and Melinda Gates Foundation, UNICEF, UNFPA, and MoHFW have provided money for various rounds of NFHS (Government of India).

Targets: Each round of the NFHS has had two distinct goals:

1) To supply the Ministry of Health and Family Welfare and other agencies with critical data on health and family welfare for policy and programme reasons.

2) To disseminate knowledge on critical emerging health and family welfare issues.

The survey provides **state and national information** for India on:

· Fertility



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- Infant and child mortality
 - The practice of family planning
 - Maternal and child health
 - Reproductive health
 - Nutrition
 - Anaemia
 - Utilization and quality of health and family planning services.

Way Forward

We must conduct a thorough analysis of the situation and design and test a new system that integrates ICDS and health human resources from the village to the district and state levels. Creating an effective accountability system would solve the mismatch that occurs in focusing on the delivery of services in the first 1000 days of life for preventing child undernutrition.

It is time to think outside the box and overcome structural issues as well as our reliance on the obsolete 1970s system that is slowing down procedures. Furthermore, mass media or television shows could organise care discourses in the first 1,000 days to reach moms outside of the public health system.