



NUTRITION PROGRAMMES IN INDIA: AN OVERVIEW

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ABSTRACT

This paper presents by mentioning an unfortunate but continuing trend - very low priority of nutrition within the health sector. To an outsized extent, this can be thanks to the lack of the nutritionists to project the importance of nutrition together with the hazards of malnutrition. The senior health administrators and also the decision makers, even now, in many countries, have doubts about what the health sector can knock off combating malnutrition. Therefore, during this presentation attempt has been made to trace the event of assorted facets of such programmes in India, additionally as critical appraisal of the most important activities, highlighting the teachings learnt or should be learnt. the longer term of nutrition programmes in India has also been discussed.

KEY WORD: Nutrition, Malnutrition & Nutrition programming.

INTRODUCTION

Any discussion on nutrition programme will lose its relevance without first considering the matter that the programmes are being developed and implemented. what's the extent and degree of malnutrition problem in India, today? All those curious about nutrition must bear in mind of the recent unfortunate controversy in India supported statistical calculation, interpretation and projection.[1-3] One must have heard the statement that the magnitude of the malnutrition problem in India has been greatly exaggerated - which, In fact, less than 20 per cent of the population is consuming diet with lower calorie intake than what's necessary. The counter-statements have brought out the fallacy of such calculations and arguments. Even the rationale of the prevailing nutritional requirements has been questioned during this context. it's a typical undeniable fact that lowering the recommended allowance will, overnight, make innumerable existing malnourished population well nourished![4] this is often not a awfully rare method of reducing malnutrition. Some years ago, the abysmal "Protein Gap" projected by the UN was, during a single stroke, bridged by a downward revision of the protein requirement by FAO/WHO. within the midst of of these mathematical and statistical arguments and interpretations, a degree of great concern is missed. whether or not a million young children in India at any given point of your time undergo the agonies of malnutrition resulting in an untimely death, or if even 1000 young children in several parts of India, go blind once a year as a results of



vitamin A deficiency, certainly this is often a matter of grave concern for politicians, administrators and scientists. it's unpardonable and intolerable, if the State and therefore the Society, who year after year, are crying hoarse over Children's Right and Child Welfare neglect to try to to something. Any try and minimize the gravity and magnitude of the malnutrition problem in India may be a grave crime. The scientific community, regardless of their disciplines, should realize that they're the one who influences and motivates the choice makers and therefore the administrators in allotting scarce resources for nutrition

programmes within the face of stiff competition. Any statement belittling the matter may be a possible reason for losing the Interest of decision makers and thereby losing priority.

Nutrition Programmes in India - How Did They Develop?

By the first forties, great deal of information became available indicating the extent of the matter. the first reports of the Indian Council of Medical Research (earlier called Indian Research Fund Association) and therefore the Annual Reports of the Provincial Medical and Health Services managing nutrition should be of great interest to all or any "nutrition historians". Coming specifically to nutrition programmes, it's difficult to choose precisely on when such programmes intrinsically started. Roughly, the records give indication that in the mid-thirties, nutrition programmes started appearing in India within the Provincial Health Sectors. Looking the nutrition programmes from then on to this stage, four distinct phases may be identified

These are:

- i. Medical/Clinical Phase - supported by bio-chemist and laboratory specialists.
- ii. Food Production and Technology Phase - supported by Food technologists.
- iii. Community Development Phase.
- iv. Multi-sect oral Phase with emphasis on socio-economics of malnutrition.

In each phase, the concerned sector took the predominant role. Thus, in the first phase, nutrition programming was more or less the responsibility of the medical or health sector. In the second phase, food and agriculture sector took the leading role* In the third, the community development and in the present phase, .all related sectors with social welfare as the nodal agency.

CONCLUSION

In summary, an analysis of malnutrition programme in India has been discussed.

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