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NUTRITION PROGRAMMES IN INDIA: IT'S PAST AND PRESENT

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ABSTRACT:

This paper presents the nutrition development of various factors of programmes in India,as well as well as critical appraisal of the major activities, highlighting the lessons or should have been learnt.The future of nutrition programmes in India has also been discussed.

KEYWORDS: *Nutrition, Malnutrition & Nutrition Programming.*

INTRODUCTION

Any discussion on nutrition programme will lose its relevance without first considering the problem for which the programmes are being developed and implemented.what is the extent and degree of malnutrition problem in India,today? All those interested in nutrition must be aware of the recent unfortunate controversy in india based on statistical calculation, interpretation and projection.one must have heard the statement that the magnitude of the malnutrition problem in india has been greatly exaggerated-and that ,in fact ,not more than 20 percent of the population is consuming diet with lower calories intake than what is necessary.The counter-statements have brought out the fallacy of such calculations and arguments.even the rationale of the exiting nutritional requirements has been questioned in context. It is a common fact that lowering the recommended allowance will, overzicht,make millions of existing malnourished population well nourished .This is not a very rare method of reducinng malnutrition .Some years ago ,the abysmal"protein gap" projected by the UN was ,in a single stroke,bridged by a downward revision of the protein requirement by FAO/WHO.

In the midst of all these mathematical and statistical arguments and interpretations,a point of great concern is missed Even if one million young children in India at any given point of time go through the agonies of malnutrition leading to an untimely death,or if even a thousand young children in different parts of india,go blind every year as a result of Vitamin a deficiency, certainly this is a matter of grave concern for politicians, administrations and scientist. It is unpardonable and intolerable,if the state and the society,who year after year,are crying hoarse over children's right and child welfare neglect to do something .Any attempt to minimize the gravity and magnitude if the malnutrition problem in India is a grave crime.The scientific community, irrespective of their discipline, should realize that they are the one who influences and motivates the decision makers and the administrators in allotting scarce resources for nutrition programmes in the fact of stiff competition

Any statement belittling the problem can be a potential reason for losing the intrest of decision makers and thereby losing priority.

It would be useful to consider the following facts in this connection.Firstly , the assessment of the magnitude of the malnutrition problem on the basis of calories and protein consumption of the adults is a very unrealistic approach.The automatically leaves out a huge segment of malnourished people-especially the very young child population.Secondly this approach ignores the deleterious of infections and infestations on marginally nourished state.Thirdly ,the entire category of malnutrition due to specific deficiency like nutritional blindness as a result of Vitamin A deficiency, nutritional anemia due to Iron and folate deficiency and endemic goiter and cretinism due to lodine deficiency,has absolutely no relevance to calorie and protein level in the diet. The magnitude of these problems cannot be assessed from dietary consumption data,on the basis of which the earlier mentioned projections are made . Needless to say , results of specially conducted surveys to asses these deficiencies are already available in India.Finally ,The only competent people who can really talk about the magnitude of the malnutrition problem are the nutritionist and health workers,who them selves go out into the field for conducting actual surveys or for programme implementation.Any worker from these categories would be able to confirm whether or not the problem is of vest magnitude.To summaries this important question as to the magnitude of the malnutrition problem in india, one can safely state ,that it is colossal.Even with 20 % if population having sub – standard calorie consumption,the number is 135 million. The actual percentage is very much higher.To this should be added about 65 million of malnourished young children and those with the afflictions of specific defeciency.the recent and a very modest estimate of 13,000 children under 5 years going blind every year in india, is certainly not a fact which can be egnired. India has the largest indemic goitreous area in the world – the goitre belt in the north inhabited by millions of people. Even the most recent survey in certain areas of this goitre belt indicates a high incedence of goitre ,and critinism .

Malnutrition problem has a distinct draw – back in not attracting public attention,and thus,is of not much interest to politicians and decision makes.five cases of cholera in a city result in public agitation forcing the authorities to do something.In the same locality ,hundred children silently suffering from malnutrition and dying go unnoticed .The effects of malnutrition are insidious and unromantic and this is the reason why the problem hardly gets a priority place-even in the health sector .On top of this ,any academic exercise to minimize its magnitude, without having this throughly discussed among persons who are expected to know more about the problem and its extend,is not a wise step.

NUTRITION PROGRAMMES IN INDIA -HOW DID THEY DEVELOP?

As mentioned above, india is an interesting case study for nutrition programming.the country has nutritional expertise of the highest order.,The standard of nutrition research done here is of very high standard.the country has a wast network of nutrition traning centers for almost all disciplines.India can boast of a national nutrition institute,which is of international eminence .In the national plan document nutrition features prominently.The national planning commission has a set up in nutrition .In the field of nutrition programming,India again is possibly the first among the developing countries to have gone in a systematic way , starting with the definition of the problem through diet and nutrition surveys. Even in the thirtyes , diffrent persons ,institution and sum times the state health survises started conducting these surveys and developing methodes for this purpose.By the yearly forties,large amount of data become available indicating the extend of the problem.The early reports of the indian council of medical research (earlyer known as indian research found association) and the annual reports of the provencial medical and health survises dealing with nutrition should be of great intrest to all"nutrition historias".

Comming specifically to nutrition programmes , it is difficult to decide precisely as to when such programmes per se started . roughly,the records give indication that during the mid – thirties,nutrition programmes started appearing in india within the provencial health sectors. Going through the nutrition programmes from then on to the present stage,four distinct phages could be identifide. These are:

1. Medical/Clinical phase – supported bio- chemist and laboratory specialist.
2. Food production and technology phase – supported by food technologists.
3. Community Development phase.
4. Multi- sectoral phase with emphasis on socio- economic of malnutrition.

In each phase ,the concerned sector took the predominant role.this ,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 sector with social welfare as the nodal agency.the success or failures of each phase led to the strategy of the next phase.

PHASES OF NUTRITION PROGRAMMES IN INDIA

A little description of each of the phases will indicate how nutrition programmes in india developed in each phase and what were the lessons learnt.

Medical/Clinical phase -As mentioned earlies ,this is the first phase of nutrition programming and was almost completely predominated by clinical studies on varios types of malnutrition associated with laboratory studies to understand the causes , course and methods for diognosis of nutritional deficienies .It should be recognized that all the activities during this phase were directed towards the victims of malnutrition as individuals.The concept of preventionand the importance of the community were unknown.it is no" wonder that during this period the nutrional programmes were mostly concentrated in hospital and health centers and were directed towards the treatment of malnutrition.the health programme consisted mostly of distribution of vitamin tablets.in fact ,during this phase ,even the first expert committee on nutrition of FAO/WHO recommended that the developing countries should be assisted to produce synthetic multi-vitamin tablets.The lessons learn from this phase were that malnutrition is a community problem and that an individual approach of diagnosis and treatment will not even touches the fringe of the problem.Moreover ,it was being increasingly realized that causes of malnutrition do not lie within the purview of the health sector and that other measures outside the health sector are necessary.

Food production phase- during the late forties,there was a distinct change in nutrition promotion strategy in india.It was felt that un less and untill food is produced in abundant amount,the health sector can do very little in combating malnutrition.one should realize that during those years that food production in India was at a very low level and there was always a deficit of a big magnitude.Thus,the nutrition programmes in India was more or less equated with food production,and a few years later,it was followed by technological advance in improvement of the nutritive value of foods.during the fifties,the nutrition programmes in india,thus , included a number of food processing and food fortification measures which later on culminated in the production of processed, fortified and enriched food.it may be mentioned here that even during this phase there was international influence and this time from the united nations urging the solution of "protein gap" and "protein crisis", measures like lysine fortifications of wheat ,protein rich weaning food , production of unconventional protein good from leaf,algae and even petroleum were the prominent achievements those years.the "nutritional atmosphere"was saturated with " impending protein crisis" and all nutrition programmes were directed to solving protein problem.

As expected at the end of this phase there was disillusion . Firstly the benifit of increased food production, which was achieved very rapidly in india ,did not touch the poorest segments of the population.Even the green revolution made the rich farmer richer, and the poor farmers and the landless agriculture rural labor remained where they were or possibly sided down on the economic scale . Euphoria of processed protein food and of the other novelties quickly died down when it was realized that there technological novelties are indeed excellent achievements but for a country like india it is useless since there prices are beyond the reach of the population for whom these were being designed .it is much easier to produce a processed nutritious food on the laboratory bench than to make it commercially viable, Lastly,was there really a "protein crisis" in india during those years? It is interesting to observe that during the end of

the second phases mentioned above, India was learning the lesson that the solution of malnutrition problem is not the responsibility of one sector . Another lesson learnt was that any nutrition programme which is designed to have impact on the population must be directed towards those who are in the lowest economic level.

Community phase – During the mid sixties there was again a change in the concept for nutrition programming in India.This is best deflected by the applied nutrition programme sponsored by the UNICEF in collaboration with FAO and WHO and with the very active support and a huge investment of the Government of India;During the later part of the sixties the programme covered almost all the state of India.It should be mentioned that this is the first programme in india which is based on a coordinated approach towards malnutrition represented by three thrust-

A. Production at the village and family level.
B. Education for better consumption.
C. Feeding of the vulnerable.

The lesson learnt from this phase is that though in theory inter sectoral collaboration is an important strategy for malnutrition control,it is difficult to achieve.The applied nutrition programme, through on paper a multispectral coordinated programme,in actual practice it emphasized predominantly on production.thus ,school garden , kitchen garden, backyard poultry,etc.completed dominated the scene.

CONCLUSION

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

REFERENCES

WHO Q-976) Food and nutrition strategies for national development,nineth report of FAO/WHO Expect committee on nutrition, Technical report serial No. 584,Geneva.

BAGCHI,K. (1977) Nutrition Education through the health care system,WHO offset document, NUT/777, Geneva.

WHO/UNICEF (1978) Alma ata – primary health care report of the international conference,alma ata,

WHO (1981) The role of the health sector in food and nutrition, report of a expert committee, technical report series, 667, Geneva.

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