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STUDIES ON NUTRITION PROGRAMMES IN INDIA

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ABSTRACT:

In this article, attempt has been made to trace the development of various facets of such programmes in India, as well as critical appraisal of the major activities, highlighting the lessons learnt 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.[1-3] 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 per cent of the population is consuming diet with lower calorie intake than what is necessary. The counter-statements have brought out the fallacy of such calculations and arguments. Even the rationale of the existing nutritional requirements has been questioned in this context. It is a common fact that lowering the recommended allowance will, overnight, make millions of existing malnourished population well nourished![4] This is not a very rare method of reducing 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, administrators and scientists. 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 of the malnutrition problem in India is a grave crime. The scientific community, irrespective of their disciplines, 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 face of stiff competition. Any statement belittling the problem can be a potential reason for losing the Interest 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 calorie and protein consumption of the adults is a very

unrealistic approach. This automatically leaves out a huge segment of malnourished people - especially the very young child population. Secondly this approach ignores the deleterious effects of infections and infestations on marginally nourished state. Thirdly, the entire category of malnutrition due to specific deficiencies 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 Iodine deficiency, has absolutely no relevance to calorie and protein level in the diet. The magnitude of these problems cannot be assessed from dietary consumptions data, on the basis of which the earlier mentioned projections are made. Needless to say, results of specially conducted surveys to assess 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 nutritionists and health workers, who themselves 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 vast magnitude. To summarise this important question as to the magnitude of the malnutrition problem in India, one can safely state, that it is colossal. Even with 20 per cent of the 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 deficiencies. The recent and a very modest estimate of 13,000 children under five years going blind every year in India, is certainly not a fact which can be ignored. India has the largest endemic goitreous area in the world - the Goitre Belt in the north inhabited by millions of people. Even the most recent surveys in certain areas of this Goitre Belt indicates a high incidence of goitre, and cretinism.

Malnutrition problem has a distinct draw-back in not attracting public attention, and thus, is of not much interest to politicians and decision makers. 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 thoroughly discussed among persons who are expected to know more about the problem and its extent, 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 vast network of nutrition training 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 thirties, different persons, institutions and sometimes the State Health Services started conducting these surveys and developing methods for this purpose. By the early forties, large amount of data became available indicating the extent of the problem. The early reports of the Indian Council of Medical Research (earlier known as Indian Research Fund Association) and the Annual Reports of the Provincial Medical and Health Services dealing with nutrition should be of great interest to all "nutrition historians".

Coming 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 Provincial Health Sectors. Going through the nutrition programmes from then on to the present stage, four distinct phases could 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-sectoral 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. 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 earlier, this is the first phase of nutrition programming and was almost completely predominated by clinical studies on various types of malnutrition associated with laboratory studies to understand the causes, course and methods for diagnosis of nutritional deficiencies. It should be recognized that all the activities during this phase were directed towards the victims of malnutrition as individuals. The concept of prevention and the importance of the community were unknown. It is no "wonder that during this period the nutrition programmes were mostly concentrated in hospitals 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 learnt from this phase were that malnutrition is a community problem and that an individual approach of diagnosis and treatment will not even touch 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 unless and until food is produced in abundant amount, the health sector can do very little in combating malnutrition. One should realize that during those years the 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 advances 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 fortification of wheat, protein rich weaning food, production of unconventional protein food from leaf, algae and even petroleum were the prominent achievements during those years. The "nutritional atmosphere" was saturated with "impending protein crisis" and all nutrition programmes were directed to solving protein problems.

As expected at the end of this phase there was disillusion. Firstly the benefit 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 agricultural 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 these technological novelties are indeed excellent achievements but for a country like India it is useless since their 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 first and 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 reflected 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 States 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 thrusts -

- 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, though on paper a multispectral coordinated programme, in actual practice it emphasized predominantly on production. Thus, school garden, kitchen garden, backyard poultry, etc. completely dominated the scene.

CONCLUSION

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

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