

# **Global Nutrition Report 2018**

#### What is the issue?

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- The Global Nutrition Report 2018 was published recently.
- With India facing a major malnutrition crisis, it calls for concerted actions to address the gaps and concerns.

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## What are the key nutrition indicators?

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• **Stunting**, or low height for age, is caused by long-term insufficient nutrient intake and frequent infections.

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• **Wasting**, or low weight for height, is a strong predictor of mortality among children under five.

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- It is usually the result of acute significant food shortage and/or disease.
- Overweight is the condition of having more body fat than is healthy.

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## What are the highlights of the report?

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• Globally 150.8 million children under five years are stunted and 50.5 million are wasted.

 $\bullet$  Stunting - Of the three countries that are home to almost half (47.2%) of all stunted children, two are in Asia.

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• Of these, with 46.6 million (31%) children who are stunted, India tops the list of countries.

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- It is followed by Nigeria (13.9 million) and Pakistan (10.7 million).
- **Wasting** More than half of the world's children impacted by wasting (26.9 million) live in South Asia.

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- India accounted for 25.5 million children who are wasted, followed by Nigeria (3.4 million) and Indonesia (3.3 million).
- **Overweight** India also figures among the set of countries that has more than a million overweight children.

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- The other nations are China, Indonesia, Egypt, US, Brazil and Pakistan.
- In four countries, more than a fifth of all children are overweight Ukraine, Albania, Libya and Montenegro.

- Of the around 38 million children globally overweight, some 5.4 million are in South Asia and 4.8 million are in East Asia.
- Prevalence of overweight children is the highest in upper-middle income countries and the lowest in low-income countries.
- In urban areas, there are 7.1% overweight children on average, whereas in rural areas 6.2% children are overweight.
- As with obesity, among adults, women are more overweight than among men (39.2% and 38.5% respectively in 2016).
- Conversely, diabetes is more common among men than women (9% and 7.9% respectively in 2014).
- $\bullet$  The health consequences of being overweight and obese contribute to an estimated four million deaths globally. \n
- **Malnutrition** Malnutrition is responsible for more ill-health than any other cause.

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• Of the 141 countries analysed, 88% of countries experience more than one form of malnutrition.

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- The problem of malnutrition remains severe across all regions but none of the countries are on course to meet all nine global nutrition targets.
- **Packaged foods** As per the report, only 21% of packaged foods in India are rated as being healthy.
- $\bullet$  This is based on overall energy, salt, sugar and saturated fat on the negative side, and vegetable, fruit, protein, fibre and calcium as positive factors. \n

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### What is the case with malnutrition in India?

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• **Spatial variation** - An International Food Policy Research Institute (IFPRI) study found that stunting varied greatly from district to district (nearly 12% to 65%).

- Notably, 239 of 604 districts have stunting levels above 40%.
- There are high and very high levels of stunting mainly in central and northern India (more than 30% and 40%, respectively).
- **Factors** Factors associated with gender, education, economic status, health, hygiene, and other demographic factors explain the spatial variation.
- Factors such as women's low BMI accounted for 19% of the difference between the low versus high-burden districts.
- Other influential gender-related factors included maternal education (accounted for 12%), age at time of marriage (7%) and antenatal care (6%).  $\$
- Children's diets (9%), assets (7%), open defecation (7%) and household size (5%) were also influential.

### What should be done?

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• The district- and region-wise sharp contrast shows the important role played by political commitment and administrative efficiency.

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• It also reflects the role of literacy and women's empowerment in ensuring children's health.

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• The figures thus call for immediate policy action to reduce inequalities and childhood stunting.

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• With district-wise data, state governments should address the determining factors for malnutrition.

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• Food and freedom go together, and the availability of one strongly influences access to the other.

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• So, social institutions can work to improve nutrition and children's welfare in free societies.

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• Governments should acknowledge the linkages and commit themselves to improved nutritional policies.

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• In states where the Anganwadi Services scheme does not work well, it must be subjected to a rigorous review, and targeted interventions for supplementary nutrition should be made.

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**Source: Economic Times, The Hindu** 

