

MDGs and Progress in India: An Analytical Study

Aziz Fatma Tarannum
Research Scholar,
P. G. Dept. of Home science,
L. N. Mithila University, Darbhanga.

Abstract:-

During this last decade, the Government of India attempted to strengthen its social sector programmes and launch new ones. It has been trying to strengthen its flagship nutrition supplementation programme, the Integrated Child Development Scheme (ICDS), and its nation-wide school feeding programme (Mid day Meal Programme). It has also launched a unique work-guarantee scheme for the vulnerable sections of the population (MNREGA). The latter has encountered problems on the ground, and attempts are on to monitor the scheme so as to plug the leaks. A Food Security legislation is planned, that aims to put adequate stocks of Food grains into every poor Indian household at heavily subsidized prices. The widening use of electronic databases and the launch of a programme to give every Indian a unique identity number (UID scheme) are designed to target the government funds and subsidies more efficiently. Through a new legislation, every Indian child has been given the Right to Education. It is another matter that millions of children and their parents remain unaware to this right and are in no position to exercise it for a variety of reasons. There have also been some tentative moves towards public-private partnerships for improving social sector programmes such as primary health and primary education, with the involvement of corporates and non government organizations (NGOs). However these are still on a limited scale.

Introduction:-

As the new century dawned, globalization had become more than just a concept. It had become reality. Enlightened people everywhere were realising that hunger and malnutrition anywhere on the planet was everyone's concern. In a bid to accelerate development towards a better quality of life for all citizens especially those from poorer segments of population living in developing countries, 193 United Nations member states and many major international organizations have agreed to achieve by the year 2015 the following millennium Development Goals: (i) Eradicate extreme poverty and hunger, (ii) Achieve universal primary education; (iii) Promote gender equality and empower women; (iv) Reduce child mortality rates by $\frac{2}{3}$ rd between 1990-2015; (v) Improve maternal health and reduce maternal mortality by $\frac{3}{4}$ th between 1990 and 2015; (vi) prevent further increase in

prevalence by 2015 and Inter reduce prevalence of HIV/AIDS, malaria, tuberculosis and other diseases; (vii) Ensure environmental sustainability; and (viii) Develop a global partnership for development. Setting specific targets and quantifying progress towards these targets has been helpful in identifying areas of weakness and in drawing up report cards.

India is a signatory to the Millennium development goals and the Eleventh Five Year Plan had set time bound measurable nutrition and health goals taking MDG into account. India is not meeting many of its MDG targets. The problems of low birth weight and maternal anaemia are still worryingly high. Undernutrition leading to poor growth and stunting continues to take its toll on succeeding generations of children. Simultaneously the problem of obesity and chronic lifestyle diseases is now virtually an “epidemic”. It is estimated that, unless effective interventions are undertaken, the current prevalence of obesity of 10-15 per cent among adults will double over the next two decades. The number of deaths from cardiovascular diseases (CVD) annually in India is projected to rise from 2.26 million in 1990 to 4.77 million in 2020² with a similar potential for steep increase in risks of cardiovascular disease and diabetes³. This constitutes only the proverbial tip of the iceberg because many people with these conditions may be unaware of these and may not seek medical help. With the growing trend towards sedentary lifestyles, hypertension may become the rule rather than the exception, and start at earlier and earlier ages, especially in urban areas.⁴ As we have seen, the link between these diseases and overnutrition is now well established.

It is no surprise, therefore, that the “dual disease burden” runs in parallel with the “dual nutrition burden”. The malnutrition-infection link has long been known, because poor nutritional status affects the immune system and increases vulnerability to infection. Infectious and communicable diseases continue to decimate large numbers of people, particularly children; simultaneously, non communicable, lifestyle diseases such as diabetes and coronary heart disease are rising inexorably. The overnutrition – chronic diseases link has been firmly established towards the latter part of the last century – obesity predisposes to metabolic syndrome and thereby to non communicable diseases. In short, the dual nutrition problem has multiplied the pressure on the public health system and continues to use up scarce resources.

The way forward; changing the nutritional scenario

The key to long-term solutions lies in prevention. This requires a proactive approach. The current programmes are aimed largely at alleviating the effects of poverty and low income, and are, therefore, based on a system of food subsidies and hand-outs. While this is certainly necessary in the present context, the long-term approach should be to empower all households to access their food and health needs and be able to raise their standards of

living. This calls for accelerated programmes to improve the quality of our human resources, starting at the root of the problem.

- (i) The problem of low birth weight can be solved only by ensuring better maternal nutrition. The weight gain in a woman during pregnancy should be at least 9 to 10 kg for any reasonable expectation of a > 2.5kg baby. Maternal and Child Health Centres should take up strong counselling programmes to help achieve this goal.
- (ii) However, maternal nutritional status is itself dependent on nutritional inputs earlier in life. Adolescent girls, many of who are outside the school system, especially in rural areas, should receive intensive non-formal life-skills education focusing on hygiene and sanitation, reproductive health, and child rearing practices. That such programmes can have a visible impact has been demonstrated in an early pilot study⁵. In the absence of such a structured approach, age-old beliefs and misguided practices continue to flourish and maintain the vicious cycle.
- (iii) The national-level nutrition support programmes including the ICDS and the MDM are well-structured and adequately funded. But, inevitably, the performance has been patchy because of sharply differing levels of commitment and competence among States as well as among regions within States. These programmes require local-level monitoring which will be both constructive and supportive. Our academia, especially those in the fields of Nutrition and Public Health in Home Science colleges and Medical colleges are ideally placed to guide and monitor the programmes in their immediate geographical neighbourhood. This hands-on approach by professionals would not only improve the performance parameters, but also raise awareness levels of the professionals as well as of the members of the community. Currently there is no move towards attempting this.
- (iv) Schools are the logical entry point for a preventive approach to nutritional problems. School Health Scouts movement can help through which school children can be agents of change, trained to spread the message of good hygienic and nutritional practices to their homes and communities. Of course, all such programmes would presuppose the existence of a sound, functional school system, which is not the case in many parts of India. However, there is an urgent need to fix the system and get primary education to a more acceptable plane. Only then can serve as a platform from which programmes of early nutritional education can take off.
- (v) With the advent of lifestyle diseases, it has become more important than ever before to stress the importance of physical exercise. Growing urbanization, increasing mechanization in all areas from farm to city roads, and more sedentary occupations are big contributors to the overweight trend, nutritionists and dieticians must include

advice about physical exercise as an important adjunct to their nutrition counselling and messages.

- (vi) Infrastructure such as clean water supply and functional toilets are essential to ensuring sanitation and thereby minimize infections. In the absence of infrastructure, awareness-raising is pointless.
- (vii) Educating the community about its rights and responsibilities is an essential prerequisite for participatory programmes of nutrition and health. For instance, regular washing of the hands by those who prepare meals and handle children would go a long way in reducing the diarrhoea burden. Health workers should be sufficiently informed and sensitized so that they can raise awareness levels in the community with commitment and empathy.
- (viii) Nutritionists need to be aware that the population demographics are becoming increasingly heterogeneous. Old notions based on the “one size-fits-all” approach have to be abandoned. In the same poor household there may be both obese and wasted individuals. In a well-to-do family there may be persons with micronutrient deficiencies. Lifestyle diseases have begun to invade rural areas as well. Therefore, the trend should be towards a more nuanced approach to nutritional management. There must be a thinner stratification of “target groups” with inputs that are tailored to the needs of these groups. In the field of medicine, there is a growing trend towards “personalized treatment”. While it is impractical to do this in delivering nutritional services, it is important that health and nutrition workers be sensitized to see the people they serve not as an amorphous set of “beneficiaries” but as different human beings with varying requirements.

Conclusion:-

People are not potential problems, they are potential assets. If India is to reap the demographic harvest of its young population, it must ensure that the quality of the population is good and productive. The nutritional status of the population is a measure of the calibre of the people. Therefore, efforts to change the existing nutritional scenario should be a top priority in the years ahead.

References:-

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