

Malnutrition is Challenges for Nation

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Abstract

Malnutrition remains one of the major obstacles to human well-being and economic prosperity in developing countries. There are strong normative and instrumental reasons related to human and economic development to address the burden of malnutrition as an issue of public concern. This calls for governments to prioritize policies and actions and allocate substantial investments in efforts to address the needs of their malnourished populations. Governments have the responsibility to establish functioning institutions and infrastructure enabling the poor to achieve nutrition security and to provide services for treatment and prevention of malnutrition and related diseases.

Despite a growing global recognition of the importance of adequate nutrition for economic and social development, few countries have given nutrition issues high priority in national policy-making processes and resultant policies (Mwadime 2011). A pre-requisite for development of effective nutrition policies and programs is the recognition of malnutrition as the outcome of various interacting shortcomings that fall into the responsibility of several government sectors. Hence, malnutrition is a multi-sectoral problem that requires cross-sectoral solutions (Garrett & Nataliccio 2011).

Poor recognition by senior policy and decision-makers of malnutrition as a critical factor of ill health and as a public health problem or more broadly as major obstacle to economic and social development is a crucial barrier to making it a top priority on the development policy agenda.

Keywords: *Malnutrition, Nutrition for Society, Economic Prosperity, Economic Development*

Malnutrition is one of the major obstacles to human well-being and economic prosperity in developing countries. There are strong normative and instrumental reasons related to human and economic development to address the burden of malnutrition as an issue of public concern. This calls for governments to prioritize policies and actions and allocate substantial investments in efforts to address the needs of their malnourished populations. Governments have the responsibility to establish functioning institutions and infrastructure enabling the poor to achieve nutrition security and to provide services for treatment and prevention of malnutrition and related diseases.

Despite high-level commitment in the context of the Millennium Development Goals (MDGs) and other initiatives, most developing countries are likely to fail in achieving their nutrition-related goals, although there are large differences in nutritional achievements across countries. For example, India as a whole have less than a 5 percent probability of meeting the MDG1 target, but 61 of these 141 countries have a probability of 50-100

percent (Stevens et al.2012).developing Countries that are highly unlikely to achieve the target of halving child under-nutrition are concentrated in Sub-Saharan Africa and Southern Asia, whereas most Latin American, Southeast Asian, and Central and East Asian countries have been quite successful (Stevens et al. 2012). In addition, progress towards other MDGs directly related to nutrition such as ‘reducing child mortality’ (MDG 4) and ‘improving maternal health’ (MDG 5) is still much too slow in most developing countries and particularly in Sub-Saharan Africa for achieving the targets by 2015 (UN 2012). The lack of political commitment and action of central governments may be a critical factor (or even the main reason) for failure in reducing malnutrition, whereas in other developing countries a functional nutrition policy in place may be the driver of success (Nabarro et al. 2012).

In this policy note, we review developing countries nutrition policies at the national level. We first define the area of nutrition in the sector-aligned landscape of national policies. We then discuss the challenges to address malnutrition in national policy processes and turn to examples of countries that have successfully included nutrition in their development agenda. We conclude by outlining the rationale for making malnutrition reduction a policy priority, and providing some policy recommendations for the realization of this objective.

In accordance with this framework, nutrition policies can be distinguished between nutrition-specific and nutrition-sensitive policies. Although these terms have been increasingly used, clear definitions are lacking. Even so, the literature on nutrition interventions (or actions, more generally) offers some guidance. Nutrition-specific interventions summarize those that directly target the immediate causes of malnutrition or treat its symptoms. Based on evidence from the 2008 Lancet series on maternal and child undernutrition (Lancet 2008), Horton et al. (2010) identified 13 highly cost-effective interventions to be implemented at scale in countries with high rates of malnutrition at below.

Nutrition interventions:-

A. Behavior change interventions

- Breastfeeding promotion
- Complementary-feeding promotion
- Hand-washing with soap and promotion of hygiene behaviors.

B. Micronutrient and deworming interventions

- Vitamin A supplementation
- Therapeutic zinc supplements
- Multiple micronutrient powders
- Deworming

- Iron-folic acid supplements for pregnant women
- Iron fortification of staples
- Salt iodization
- Iodine supplements

C. Complementary and therapeutic feeding interventions

- Prevention or treatment of moderate malnutrition in children aged 6- 23 months
- Treatment of severe acute malnutrition

Contrary to nutrition-specific policies whose boundaries appear relatively well defined, the boundaries of nutrition-sensitive policies and development approaches are fuzzy. They might be best defined in respect of their (intended) nutritional outcomes (World Bank 2006), following the UNICEF framework. We hence consider nutrition-sensitive policies and development approaches as all kinds of interventions that explicitly aim at improving nutrition indirectly or achieving improved nutrition as a ‘positive externality’ of activities primarily targeted at non-nutrition factors of human well-being.

Nutrition-sensitive policies and development approaches are designed to initiate the developments that counter the underlying and basic causes of malnutrition by reducing food and nutrition insecurity, strengthening resilience to shocks, and reducing disease burdens. Policies that follow such development approaches and facilitate such interventions are typically geared toward the agricultural, social, health, and education sectors and include regulations and actions for higher agricultural productivity and diversity, poverty reduction, income generation, social protection, women’s empowerment, health system strengthening, population growth control, and education.⁴ Nutrition-sensitive policies also include policies crosscutting and overarching these specific sectors such as fiscal policies allocating higher budget shares to nutrition interventions or investments in nutrition-favorable infrastructure (e.g., drinking water network, sewer system). Other examples may be trade, growth, and price policies that aim at poverty reduction and food security and can demonstrate (universally) positive nutrition outcomes. While all of these factors are potentially important determinants, a recent cross-country study on the drivers of nutritional change over time found that four factors emerged as the most robust predictors of reductions in malnutrition globally (Headey forthcoming). These are female secondary education, reductions in fertility, household asset accumulation, and increased access to health services.

CHALLENGES TO MALNUTRITION IN NATIONAL POLICIES:

Despite a growing global recognition of the importance of adequate nutrition for economic and social development, few countries have given nutrition issues high priority in national policy-making processes and resultant policies (Mwadime 2011). A pre-requisite for development of effective nutrition policies and programs is the recognition of malnutrition as the outcome of various interacting shortcomings that fall into the

responsibility of several government sectors. Hence, malnutrition is a multi-sectoral problem that requires cross-sectoral solutions (Garrett & Nataliccio 2011). Concerted efforts, however, that involve the key line ministries (health, agriculture, education, social affairs, economic development, and infrastructure), leading governmental and non-governmental organizations, and the private sector have been rare, but attempts in this direction have become more prominent recently (partly in response to growing donor demands) (Bezanson & Isenman 2010, Bhutta et al. 2008, Fiedler 2000).⁶ Major challenges to make nutrition an integral part of national policy and achieve substantial progress in reducing malnutrition are

- (1) The complexity of cross-sectoral coordination;
- (2) The lack of awareness of senior decision-makers of the scale of the malnutrition problem and its social and economic consequences for the current and future generation;
- (3) The lack of social pressure, advocacy (particularly from within the country), and resulting political commitment associated with malnutrition;
- (4) The limited financial resources allocated to implement programs at sufficient scale and timing;
- (5) The limited availability of qualified personnel in developing countries to adequately address the problem.

Cross-sectoral coordination:

The functional organization of many governments allocates responsibilities according to delineated social or productive sectors, which generally does not lend itself to actions that require coordination between sectors. Sectors generally differ substantially in their key mandates and expertise, making difficult the pursuit of objectives that are perceived as secondary, not well understood, or not aligned with their primary mandates. Moreover, the planning and budgeting process is often regarded as a zero-sum game in which sectors compete for limited resources, and work is conducted in 'silos' (Benson 2012). Nutrition, as an inherently cross-sectoral issue, does not fit well into this administrative organization. This is further complicated by the fact that nutrition is generally not regarded as a separate sector, but usually a subsector of health, competing with other subsectors over resources. There-fore it does not have its own ministry and often lacks an administrative body to advocate for it in national policy processes independent of the sector-wide requests of the super-ordinate sector.

Nutrition awareness in policy:

Poor recognition by senior policy and decision-makers of malnutrition as a critical factor of ill health and as a public health problem or more broadly as major obstacle to economic and social development is a crucial barrier to making it a top priority on the development policy agenda (Bryce et al. 2008). In fact, chronic malnutrition is generally accepted as a 'normal' condition and part of the context within which the government works as best as it can (Benson 2008). Disabilities, cognitive impairment, and long-term susceptibility to disease are often not viewed in relation to malnutrition because their common underlying cause and milder

impairments are often less visible to the untrained eye than other diseases. Furthermore, chronic malnutrition does not attract broad attention in the media to the extent that famines and natural catastrophes do, because it does not arise from sudden and severe events. Thus it is often not considered a pressing problem. Also, leaders may not be aware of the existence of cost-effective nutrition interventions and their relatively high prospects of achieving rapid success (Mwadime 2011).

Advocacy and social pressure:

Limited engagement of civil society groups in nutrition advocacy—likely related to the lack of public awareness of the signs and costs of malnutrition—leads to insufficient political commitment (Benson 2004). In contrast to chronic malnutrition, sharp increases in acute malnutrition (such as during famines) receive widespread attention, and rising staple food prices are taken very seriously by the authorities because of the risks of social and political unrest. Even at the household level, chronic malnutrition—unlike food insecurity and hunger—is usually not recognized as a vital problem, primarily because of the absence of immediate physiological responses to nutrient deficiencies, such as in the case of mineral and vitamin shortages. In addition, the burden of malnutrition largely falls on the poor and predominantly on women and children, who tend to be underprivileged in society and do not have a strong voice in public debates and decision-making circles. Consequently, political leaders do not feel urged to act upon malnutrition, and the lack of political commitment translates into the allocation of insufficient financial resources to tackle malnutrition.

Availability of financial resources:

Relative to the scale of the malnutrition problem, the nutrition subsector is underfunded in government budgets and in the budgets of the international development assistance community. Although the amount of financial resources allocated to nutrition is difficult to estimate precisely (especially given the responsibilities scattered across government sectors), the poor progress in reducing malnutrition in most developing countries demonstrates meaningful evidence. For example, each stunted child in the 20 countries accounting for 80 percent of the global burden of child stunting received only \$2 out of the \$5-10 required to scale up community-based nutrition programs in 2006 (Horton et al. 2010, Morris et al. 2008). In contrast to malnutrition, the fight against HIV/AIDS has shown remarkable success, thanks to the commitment and funds of major international donors such as the Gates Foundation and attention by celebrities. The experience gained in fighting HIV/AIDS may indeed provide important lessons for the reduction of malnutrition.

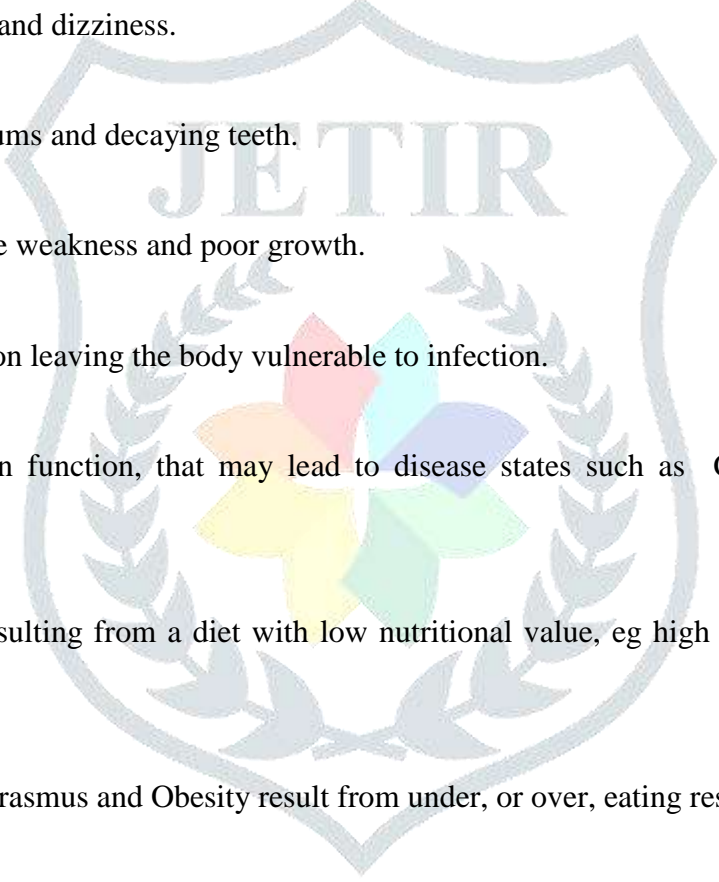
Availability and quality of human resources:

The availability of a civil service capable of formulating sound nutrition policies and strategies seems to be quite limited in many developing countries, especially in sub-Saharan Africa. Thus, expanding nutrition programs in universities, improving curricula, and attracting students constitute an important initial step towards more effective nutrition policies. However, lacking qualified personnel in key positions such as in

ministries may also be a result of institutional barriers and inefficiencies in recruitment, despite sufficient financial resources. As a consequence, the institution's absorptive capacity for funds is con-strained, since the allocation of funds to specific activities cannot be processed, and their appropriate use cannot be ensured.

The effects of malnutrition:

At worst severe malnutrition leads to death. The WHO currently attribute more than one third of child mortality to malnutrition making it the leading cause of child death worldwide. For survivors, chronic malnourishment, both short and long term, leaves the body lacking the nutrients for proper health and development and vulnerable to infection and disease. The physical effects of malnutrition include;

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- The logo for JETIR (Journal of Emerging Technologies and Innovative Research) is a watermark in the background. It features a shield-shaped emblem with a laurel wreath border. Inside the shield, the word "JETIR" is written in a large, serif font. Below the text is a stylized flower with five petals in different colors: red, cyan, purple, yellow, and green.
- ❖ Fatigue, low energy and dizziness.
 - ❖ Swollen, bleeding gums and decaying teeth.
 - ❖ Underweight, muscle weakness and poor growth.
 - ❖ Poor immune function leaving the body vulnerable to infection.
 - ❖ Problems with organ function, that may lead to disease states such as Coronary Heart Disease or Osteoporosis
 - ❖ Insulin-resistance resulting from a diet with low nutritional value, eg high fats and sugar content, can result in Diabetes.
 - ❖ Diseases such as Marasmus and Obesity result from under, or over, eating respectively.
 - ❖ Poor cognitive functions such as learning memory and attention.
 - ❖ Cancer risk is increased by eating certain foods and additives that are high in carcinogens.

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