



India has potential to dramatically reduce stunting in children, says new World Bank report

India has potential to dramatically reduce stunting in children, says new World Bank report. Adequacy in three basic nutritional areas show reduced stunting even in poorest districts. Stunting (Described as low height for age) in Indian children, 6 to 24 months of age, could be dramatically reduced if children receive three things that are critical for good nutrition - adequate feeding, health care and environmental health, says a new World Bank report which analyzes data from the National Family Health Survey (NFHS) 2005-06 and the HUNGaMA Survey 2011 to indicate a strong co-relation between stunting in children and their adequacy or inadequacy in these three dimensions. The three key determinants critical for good nutrition: Food care: Minimum acceptable diet as defined by WHO (0-6 months: be exclusively breastfed, not fed even water; between 6-8 months along with breastmilk be fed at least twice a day with foods from three or more food groups; between 9-24 months: be fed at least three times a day with foods from four or more food groups) Health care: Regular and timely antenatal visits, age appropriate immunizations, birth through skilled attendant, mothers Body Mass Index (BMI) being greater than the threshold Environmental health: Good hygiene with proper water and sanitation practices. The report, Nutrition in India, shows that stunting rate in children with adequate feeding, health care and environmental health is half as compared to those with none of these in adequate measure - 23 percent as compared to 52 percent in children who have inadequacies in all dimensions. Even states and districts with poor nutrition outcomes, as well as rural areas show a similar trend. For example, in Bihar, Madhya Pradesh and Uttar Pradesh the prevalence of stunting in children with adequate feeding, care and environmental health is 30 percent as compared to 54 percent in those who have none of these in adequate measure. In 100 rural districts (Ranked as being at the bottom of the human development index), surveyed by HUNGaMA 2011, stunting amongst those who have adequate feeding, care and sanitation is 20 percent as compared to 52 percent amongst those who were adequate in none. Similarly, in rural areas, although a very tiny proportion of children (less than 1 percent) have all adequacies, stunting is much lower in this group (16 percent) compared to 51 percent who are inadequate in all three. The report, available as an eBook, comprises 11 policy briefs covering various aspects of nutrition. Highlighting the need to use stunting as a primary indicator of chronic undernutrition, it says stunting is associated not only with failure in physical growth but also with impaired brain and cognitive development. There is only a narrow window of opportunity - from conception to two years of age - to improve stunting. Height at age two is the best predictor of adult height and of future human capital, it says. National data shows that stunting in children from households in middle and upper wealth quintiles is also quite high - about 50 and 25 percent respectively. The report reveals that even amongst the wealthiest Indians, i.e., the top third of the wealth distribution, only about 7 percent children between 6 and 24 months receive adequate feeding, health care and environmental health. While nearly 70 percent of them have adequate environmental health (i.e. water and sanitation), only 36 percent receive appropriate health care and an even lower about 18 percent are fed recommended quality and quantity of food for their age. "Appropriate infant and young child feeding practices even in the highest wealth quintile are extremely poor. This indicates that undernutrition in India is not a poverty or food insecurity issue alone, and that child care and feeding information and awareness play an important role. Effective interventions, which cover the three critical determinants, when provided at scale during the first 1,000 days of life, can reduce stunting and improve undernutrition significantly," said Onno Ruhl, World Bank Country Director in India. Less than 2 percent of the children, 6-23 months old have adequate feeding, health care and environmental health. To reduce stunting it is imperative to ensure that most mothers and children during the critical window of opportunity get these in adequate measure. Stunting in early years is also linked to a 4.6 cm loss of height in adolescence, 0.7 grades loss of schooling and a 7-month delay in starting school. Annually, India loses over US\$12 billion in GDP to vitamin and mineral deficiencies, the report says. It also reiterates the significant direct and indirect economic losses associated with undernutrition with direct productivity losses estimated at more than 10 percent of lifetime individual earnings, and about a 2-3 percent loss to GDP. Indirect losses are associated with deficits in cognitive development and schooling, and increased costs of health care. "Innovations within the Integrated Child Development Services (ICDS), Indias flagship nutrition program that focused on the critical window of opportunity - pregnant, nursing mothers and children under three - has helped improve nutrition, and ensured improved quality and coverage of key nutrition services in several pilot districts. Household counseling for behavior change, under the ICDS program, have also demonstrated significant improvements in the nutritional status of children. Coupled with better health, water and sanitation programs, the ICDS could have a lasting impact on nutrition," said Ashi Kathuria, Senior Nutrition Specialist, World Bank. Media Contacts World Bank India Nandita Roy Tel : +91-11-41479220 nroy@worldbank.org In Washington, D.C. Gabriela Aguilar gaguil2@worldbank.org 

Pressekontakt

The World Bank

DC 20433 Washington

Firmenkontakt

The World Bank

DC 20433 Washington

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