

# Taking Action for the World's Poor and Hungry People

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## SPEAKER SUMMARY NOTE

**Session:** Asia: New Strategies, Actions, and Ways Forward to End Extreme Poverty and Hunger in Main Developing Regions

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**Title:** Undernourishment in Asia

The problem of undernourishment and child malnutrition is a serious concern in many Asian countries. This note examines dimensions, reasons for prevalence of this problem and, policies and actions needed including lessons from best practices for reduction in undernourishment and child malnutrition.

**Dimensions:** There are two indicators on hunger under MDGs. One is undernourishment which, measures the proportion of population consuming food intake less than the minimum daily dietary energy requirements. The second is underweight children (weight for age). FAO's report '*The State of Food Insecurity in the World 2006*' provides undernourishment data for Asia region. There were 820 million undernourished people in developing countries in 2001–03. Out of these, Asia-Pacific region has 524 million (64% of the total) undernourished. The undernourishment rate dropped from 20 to 16 percent. The decline was mainly due to China, which showed a reduction from 194 million to 150 million. India has the largest number of undernourished in the world—it declined only marginally from 215 million in 1990–92 to 212 million in 2001–03. The most significant progress has been achieved by Myanmar, Viet Nam, China, Thailand, and Indonesia. The number of undernourished in DPR Korea doubled from 3.6 million to 7.9 million. The prevalence rate in Tajikistan was around 60%.

The more important indicator of hunger is the proportion of children under five who are suffering from malnutrition. The data for child malnutrition based on anthropometric measures are more reliable as compared to food or calorie intake measures which are indirect estimates. Levels of child malnutrition are exceptionally high in South Asia. 45 to 48% of children in India, Bangladesh and Nepal suffer from underweight (weight for age). It is 38% in Pakistan 30% in Sri Lanka. These numbers are much lower for other countries—28% in Sub-Saharan Africa and 8% in China.

### What Are the Reasons for the High Levels of Undernourishment and Child Malnutrition?

Low per capita income is one of the reasons for undernourishment. It is true that economic growth reduces malnutrition and undernourishment. However, evidence based on cross-section data across countries reveal that the decline is modest—the percentage decline in malnutrition is roughly half the rate at which GNP per capita grows. Thus, it is known that economic growth alone can not reduce malnutrition. For example, economic growth in India was 6 to 7% per annum during the period 1992–93 to 2005–06. But malnutrition among children declined from 52% to 47% - less than 0.5 percentage points per annum during the same period. In fact, the percent of underweight children (below three years) declined only one percentage point from 47% in 1998–99 to 46% in 2005–06. Income poverty is considered another reason for undernourishment and child malnutrition. But, studies have shown the malnutrition among children exists even after removal of poverty. For example, income poverty in India is 26% while child malnutrition is 46%. The data for India, Bangladesh and some other countries show that malnutrition levels are surprisingly high even in richest income quintile.

Therefore, one has to look beyond economic growth, income poverty and food availability for the high levels of malnutrition particularly in South Asia. Adequate nutrition during pregnancy and the first six months of life are critical to a child's development because of the impact on birth weight. Thus, the problems often start before, during and after pregnancy since malnourished mothers are more likely to produce low birth weight babies. Poor nutritional status at birth is subsequently perpetuated by insufficient or inappropriate breastfeeding and supplementary feeding habits. Then, during the first two years of life many children lose ground because they are not given sufficient high quality food—particularly if mothers have low standards of education.

Similarly public health services are poor in South Asian countries. The performance of health sector development in some of the Asian countries indicates that there are basically six problems with the sector. These are: (a) low levels of health indicators; (b) slow progress in these indicators; (c) significant regional, social and gender disparities; (d) slow growth in public expenditures in health sector; (e) poor quality delivery systems in health; (f) privatization of health services. Low standards of health and hygiene play an important part since sick children are less able to absorb essential nutrients. Micronutrient deficiency is another reason for malnutrition. Age-specific interventions upto five years are important for reducing child malnutrition. Lack of institutional arrangements for effective delivery systems for age-specific nutritional programs is another problem. To conclude, there is a strong association between child malnutrition and women's health/well being. For example, data for India shows that one-third of Indian women suffer from Chronic Energy Deficiency and have a Body Mass Index (BMI) of less than 18.5kg/m<sup>2</sup> and 58% of pregnant women suffer from anaemia.

### **What are the Policies and Actions Needed to Reduce Undernourishment and Child Malnutrition?**

Improvement in incomes of poor, proper health services and quality environment are important for reduction in malnutrition. However, in the short run, direct nutritional programs should be the priority.

#### ***Economic Growth***

Economic growth is one of the important factors for reducing undernourishment and child malnutrition. However, inclusive, broad based and pro-poor growth including agriculture, employment growth, social sector development and reduction in regional disparities is important.

#### ***Agriculture and Rural Development:***

Rural transformation through agricultural diversification and promotion of rural non-farm sector can improve productive employment. There is immense potential of employment generation through primary value addition to the agricultural products like foodgrains, fruits, vegetables, sugarcane, livestock and, fisheries. Small and marginal farmers should diversify their activities in order to increase their employment. This can increase their purchasing power which in turn can ensure minimum diet energy requirements. Food and nutrition security does not mean 'food grain' security. There is a need for diversification of diets. **China** offers many lessons for rural transformation.

#### ***Urbanization:***

The urban areas also have high levels of undernourishment and child malnutrition. It is known that urbanization is going to increase in future. This trend underscores the fact that urban areas will play an increasingly important role for development outcomes at the national level. For example, urban outcomes particularly metropolitan areas are poorer than rural areas in social sector outcomes in Bangladesh. Therefore, special challenges posed by urban areas must be addressed.

#### ***Sector-Specific Policies:***

It is known that economic growth alone is not sufficient and sector specific policies are required for improvement in non-income poverty indicators. For example, a package consisting of expanded child and maternal immunization, antenatal care coverage, nutritional supplementation (including breast feeding) and home based neo-natal services (including treatment of pneumonia) is likely to bring about significant reduction in both infant mortality and child malnutrition (Deolalikar, A (2004), "Attaining Millennium Development Goals in India: Roles of Public Policy and Service Delivery, World Bank). In other words, **basic health services** have to be improved.

#### ***Women's Health and Well Being:***

Child malnutrition levels are associated with women's health and well being. Malnutrition can be reduced by enhancing women's health, promoting gender equality and, empowerment of women including female education.

#### ***Innovative Programs:***

*Bangladesh Experience:* Recent research on the experience of Bangladesh offers some lessons for developing countries in achieving Millennium Development Goals and beyond. The broader picture emerging from Bangladesh experience is that among other things, higher economic growth, infrastructure development, women's agency (female secondary education) and NGOs presence seem to be the main reasons for achievements in human development in Bangladesh. Women's agency in the form of women's groups and female secondary education also played an important role in raising human development. Targeted public interventions like Female Secondary School Stipend Program (FSSS) played an important role in raising female education and reduce gender disparity in enrollment at

secondary level. The contribution of the NGO Gonoshayastha Kendra (GK) in raising health indicators in many areas is noteworthy.

*Indian Experience:* India is having one of the highest levels of child malnutrition levels in Asia. The regional experience shows that differences in health provisioning, improvements in child care, and health status of women explain malnutrition differences across states. The high performing states in India have shown improvements in women's nutrition status, increase in the proportion of children under the age of three breastfed within one hour of birth, rise in the percentage of children with diarrhoea who received ORS (Shiva Kumar (2007), "Why are Levels of Child Malnutrition Improving?", Economic and Political Weekly, April, 2007). In India, Tamil Nadu and Kerala states have done well in reducing malnutrition. The innovativeness and success of Tamil Nadu mid-day meal nutrition scheme is well known. India is having Public Distribution System (PDS) and nutrition programs to improve food and nutrition security in the country. The Integrated Child Development Scheme (ICDS) launched in 1975, aims at the holistic development of children up to six years of age with a special focus on children up to two years, besides expectant and nursing mothers. However, the progress has not been satisfactory. The Government wants to strengthen nutrition programs in India during 11<sup>th</sup> Five Year Plan. There is a broad framework of action 'children under six' in the 11<sup>th</sup> Plan (*Strategies for Children Under Six, A Framework for the 11<sup>th</sup> Plan*, Planning Commission, 2007). Three interventions involve integration of three related systems, focusing on: (a) food and nutrition; (b) health services; and (c) child care. Many of these interventions can be taken care of through the ICDS. 'Universalization with Quality' is the overarching goal of ICDS in 11<sup>th</sup> Plan.

*Thailand Experience:* Thailand is considered as one of the most outstanding success stories of reducing child malnutrition in the post-1970s. The success is attributable more to the direct nutritional programs implemented by the government rather than only to rapid economic growth. The country launched large focused programs on nutrition in 1977. The child malnutrition declined from 51% in 1979-82 to 17% in 1991. These programs reduced child malnutrition through a mix of interventions including intensive growth monitoring and nutrition education on breastfeeding and complementary feeding, strong supplementary feeding provision, high rates of coverage ensured by having human resources intensity, iron and vitamin supplementation and salt iodisation along with primary health care (paper prepared for Planning Commission, India). Other countries can learn from Thailand experience.

#### ***Institutions and Delivery Systems:***

It is important to increase public expenditures on social sector particularly nutritional programs in Asian countries. However, if the countries in Asia are to achieve their goals of reducing undernourishment and child nutrition, they need to develop the necessary institutions to fit the needs and aspirations of the 21<sup>st</sup> Century. There are many economic, legal, socio-cultural and political barriers for accessing public services to the poor. It is well known that health services are inadequate and the quality is poor particularly in rural areas in some of the Asian countries particularly in South Asia. It has been recognized that better governance is very important for delivering services. Social mobilization, community participation and decentralized approach are needed. It may, however, be noted that governance has to be contextualized in relation to socio-economic environment. Appropriate institutions are needed for better implementation.

#### ***Rights Approach:***

It is being increasingly recognized that rights approach would be useful to achieve food and nutritional security in the country. Rights approach has several advantages in moving towards improvement of child well being. These are: putting child issues in political agenda, practical implications for public policy towards universal ICDS and mid-day meals, strong monitoring and redressal mechanisms and legal safeguards for children (Dreze, (2004), "Democracy and Right to Food", *Economic and Political Weekly*, April 24). It may be difficult to make the right completely justiciable. However, rights approach puts pressures on public action and would lead to effective implementation of the policies and programs.

**Finally, political will** is needed to sustain effective programs to reduce under nourishment and child malnutrition.