Nutrition Transition in India and Emerging Dual Nutrition Burden in Children

Prema Ramachandran
Director, Nutrition Foundation of India

Abstract

India was one of the first countries to recognise the linkages between under-nutrition and ill health in children and invest in efforts to combat these through focussed health and nutrition interventions. Over years there has been a progressive increase in the coverage under these programmes. Today both Integrated Child Development Services (ICDS) programme and National Rural Health Mission (NRHM) and its urban counterpart cover the entire country. These interventions did result in steady improvement in nutritional status of children but the pace of improvement is slow. Poverty was the major cause of under-nutrition five decades ago; during the current decade, poor infant and young child feeding and poor access to health care are emerging as important determinants of under-nutrition in children. Nutrition and health education and improved access to health and nutrition care can therefore lead to substantial reduction in under-nutrition in children over the next decade.

During the last decade overnutrition in children especially from urban affluent sections of the population is emerging as a major public health problem. Research studies in India are highlighting the possibility that under-nutrition in childhood might be one of the predisposing factors for over-nutrition and obesity and higher risk of noncommunicable disease risk in adult life. Prevalence of overnutrition in India except among urban high income group is still relatively low. As health hazards associated with overnutrition in children are well understood by the urban high income population, effective nutrition and health education targeted to school children might enable the country to prevent any escalation of the over-nutrition rates in children. The current phase of dual nutrition burden, should therefore be viewed as a opportunity window for effectively combating both under and over-nutrition in children.