

1. India's Global Hunger Index Conundrum

Why in News?

- ▶▶ The Global Hunger Index Report 2019 ranks India 102 among 117 countries. When it comes to GHI scores, the country has been consistently improving. From securing a score of 38.8 back in 2000 (alarming category), the score has gradually improved to 30.3 (serious category).

What is Global Hunger Index?

- ▶▶ The GHI ranks countries on a 100-point scale, with 0 being the best score (no hunger) and 100 being the worst. Values less than 10 reflect low hunger, values from 20 to 34.9 indicate serious hunger; values from 35 to 49.9 are alarming; and values of 50 or more are extremely alarming.
- ▶▶ The report is a peer-reviewed publication released annually by **Welthungerhilfe and Concern Worldwide**.
- ▶▶ The GHI scores are based on a formula that captures three dimensions of hunger—insufficient caloric intake, child undernutrition, and child mortality—using four component indicators:
 - ▶▶ **Undernourishment:** the share of the population that is under-nourished, reflecting insufficient caloric intake
 - ▶▶ **Child Wasting:** the share of children under the age of five who are wasted (low weight-for-height), reflecting acute undernutrition.
 - ▶▶ **Child Stunting:** the share of children under the age of five who are stunted (low height-for-age), reflecting chronic undernutrition.
 - ▶▶ **Child Mortality:** the mortality rate of children under the age of five.

India's Performance:

- ▶▶ Understandably, the rate of overall progress has been tardy. But in order to analyse India's performance from a rational and objective vantage point, there is a need to break-down the GHI into its component indicators: the proportion of undernourished children, the proportion of wasted and stunted children and proportion of under-five deaths.
- ▶▶ A trend analysis of these specific indicators shows that India's relative performance across all the dimensions has been consistently improving since 2000, with the exception of wasting. That said, the most promising performance has been in terms of the reduction in under-five deaths.

Government Intervention:

- ▶▶ This can be explained by the government's commitments towards meeting the WHO's Millennium Development Goal 4 and Sustainable Development Goal 3 of reducing child mortality.
- ▶▶ The launch of the National Health Mission by the Union government as a pan-India comprehensive health scheme, which focuses on improving specific indicators like neonatal, infant and under-five mortality rates, has been instrumental.
- ▶▶ Another key focus area of the Mission is the higher impetus provided to the vaccine immunisation programs, which has further helped reduce preventable disease-related child mortality.
- ▶▶ An increase in budgetary allocation for child health services coupled with a greater attention to enhancing institutional deliveries has significantly contributed to increasing child survival rates. The progress can be evidenced by the increase in the proportion of institutional births, which have nearly doubled from 38.7% in 2005-2006 to 78.9% in 2015- 2016.
- ▶▶ Research shows that education and awareness are both directly linked to child survival and health. Accordingly, the Anganwadi services scheme has significantly helped in creating awareness with regard to better childcare like breastfeeding practises, vaccinations and so on.
- ▶▶ Given its limited fiscal space, the government's child health policy prioritised ensuring survival over other aspects (like wasting, stunting)—and has achieved appreciable results.
- ▶▶ The next logical step involves shifting focus towards tackling the incidence of under-nutrition, especially among the surviving children based on the first 'survive' and then 'thrive' strategy advocated by the World Health Organisation.
- ▶▶ To this end, initiatives like Poshan Abhiyaan and the Food Fortification Program have been launched. However, unlike macro-economic indicators, social indicators reflect results with a lag. The impact of these initiatives should be more visible in the years to come.

Take away from India's progress:

- ▶▶ There are two significant and related inferences that can be drawn based on India's progress in reducing its U5MR. First, the significant strides in bringing down the U5MR has led to an increase in the absolute number of surviving children.

- ▶▶ But since these surviving children are undernourished, undernourished children in absolute numbers have increased. This is one of the reasons for the slow progress in terms of reducing the burden of child under-nutrition in India.
- ▶▶ The second factor is based on the understanding that **social indicators are inextricably linked**. The government has significantly concentrated on ensuring child survival from the time of birth and thereafter.
- ▶▶ But undernutrition is not just a function of inadequate access to health and nutrition from birth and thereafter. Poor nutritional outcomes among children are also directly correlated with poor maternal nutrition and health.
- ▶▶ The social indicator of contention here is gender inequality. Gender inequality is a complex concept and is a result of a chronic and long history of strongly ingrained gender stereotypes and norms. The social fabric is what determines how a society treats its women.

South Asian Enigma:

- ▶▶ In contrast to physical outcomes, the mind-sets of a population are more resilient to change. This is what defines South Asian enigma: the alarmingly high incidence of under-nutrition in South Asian children despite lower poverty rates and better access to food and healthcare vis-à-vis sub-Saharan countries owing to the prevalence of gender discrimination.
- ▶▶ This stems from the premise that India and other South Asian countries are traditionally patriarchal societies where females suffer from stark socioeconomic inequalities. They have low and unequal access to family incomes, healthcare and nutrition throughout their lifetime.
- ▶▶ An obvious consequence of such gender-based discrimination is maternal malnutrition, anaemia and low body mass index (BMI) of women. Such women tend to give birth to premature and low-birth-weight children, who are undernourished and have a high susceptibility to morbidity and mortality.

Conclusion:

- ▶▶ Government initiatives to enhance incomes, improve child survival, as well as nutritional outcomes can only solve a part of the GHI puzzle.
- ▶▶ More importantly, there is a **social urgency to address the prevailing asymmetry between men and women in our country**.

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- ▶▶ A greater responsibility for expediting this transformation rests upon our male counterparts who as a matter of fact tend to pay a higher price for child under-nutrition.
 - ▶▶ First, due to **gender discrimination practised by men against women**, which leads to maternal malnutrition, both girls and boys fall prey to poor nutritional outcomes.
 - ▶▶ Furthermore, given that males are biologically more prone to morbidity and mortality throughout their lifetime, the effects of under-nutrition are all the more pronounced for them. Any way forward toward saving our children would therefore first involve eliminating the long-standing deprivations experienced by our women.

