Viewpoint

National Family Health Survey - 3 (2007)

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Now that most of the data on nutritional status from National Family Health Survey-3 (NFHS-3)(1) is available there is a glimmer of hope and cheer as some of the nutritional parameters seem to have improved somewhat, even though the levels of malnutrition remain exceptionally high.

Accordingly to NFHS-3, in 2005-06, 46 per cent of children under three years of age were underweight, 38% were stunted and 10% were wasted. Comparable figures for NFHS-2 (1998-99) (2) are 47, 45.5 and 15.5%, the situation being worse in rural compared to urban areas.

According to NFHS-1 (1991-92)(3) and NFHS-2 (1998-99)(2), child malnutrition sets in very early in life as nearly 12% of 0-6 months old children are underweight. It increases rapidly and by 24 months, more than half the children are underweight. It is obvious therefore that for preventing malnutrition, the crucial period is birth to two years(4) (*Table I*). Prevention and management therefore primarily has to be at the household level and should become an integral part of an Anganwadi Workers (AWW's) activity and responsibility with active support and collaboration of the health infrastructure.

Undernutrition is not simply a result of food insecurity, but due to inappropriate infant feeding and care practices, lack of safe drinking water and sanitation resulting in frequent infections and poor access to health care–both preventive and curative–worse in rural areas compared to urban areas. Immunization coverage which is an easily identifiable health care input has only marginally improved from 36% in NFHS-1 (1992-93) to 44% in NFS-3 (2005-06). Infant feeding practices *e.g*., offering semisolids to the child between 6-9 months has shown some improvement in most states and particularly in Gujarat, Jammu and Kashmir, Karnataka, Maharashtra, Madhya Pradesh, Orissa. Rajasthan, Tamil Nadu and Uttar Pradesh. It is obvious, that it is the household feeding that has the key to improving nutrition in the first two years.

In February 2003, researchers from several institutions met in Ballagio, Italy to define what could be done to save the lives of approximately six million children who die annually from preventable causes. The analysis showed that breastfeeding was the single most effective preventive intervention which could prevent 13-16% of all childhood deaths in India. Adequate complementary feeding between 6 to 24 months could prevent an additional 6 percent of all such deaths(5).

Universalization of ICDS is the agenda to be taken up in 11th Plan but this will not help to reduce malnutrition, unless priority is given to under threes (or rather twos) regarding exclusive breastfeeding for six months, and home based semisolid food 3-4 times a day after that. Access to health care both preventive and curative and narrowing the urban rural differential is crucial for reducing morbidity load and mortality and improving nutrition(7).

To improve maternal nutrition, we have to look at the cultural practices that are prevalent. A mother eats last in the family and so is deprived to her fair share of food from the family pot. Giving a certain quantity of supplementary food in pregnancy (20 kg has been suggested) will not help as experience has shown that this goes into the family food basket and is not consumed by the pregnant woman only.

What is needed is changing priorities in ICDS instead of starting new programs. Under threes must come center stage and towards that the job description and responsibilities of AWW must change and collaboration with the health system must get a boost. This is envisaged in the National Rural health Mission(8) but there are still many a bridge to cross.

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TABLE I–*Child Nutrition (Underweight %) and Feeding Practices*

State	Underweight %			Infants 6-9 m receiving semisolids NFHS-2	Infants 6-9 m receiving semisolids NFHS-3
	NFHS-1	NFHS-2	NFHS - 3		
Delhi	40.9	34.7	33.1	37.0	59.8
Andhra Pradesh	45.0	37.7	36.5	59.4	63.7
Arunachal Pradesh	38.4	24.3	36.9		
Assam	49.2	36.0	40.4	58.5	59.6
Chhatisgarh	0	60.8	52.1		
Gujarat	48.1	45.1	47.4	46.5	57.1
Himachal Pradesh	43.7	43.6	36.2	61.3	66.0
Haryana	34.6	34.6	41.9	41.8	44.8
Jammu & Kashmir	0	34.5	29.4	38.9	58.3
Karnataka	50.6	43.9	41.1	38.4	72.5
Kerala	27.0	26.9	28.8	72.9	93.6
Meghalaya	44.4	37.9	46.3	77.1	76.3
Maharashtra	51.4	49.6	39.7	30.8	47.8
Manipur	26.8	27.5	23.8	86.8	78.1
Madhya Pradesh	0	53.5	60.3	27.3	51.9
Orissa	52.4	54.4	44.0	30.1	67.5
Punjab	46.0	28.7	27.0	38.7	50.0
Rajasthan	44.3	50.6	44.0	17.5	38.7
Tamil Nadu	45.7	36.7	33.2	55.4	77.9
Uttaranchal	0	41.8	38.0	60.2	77.6
Uttar Pradesh	0	51.8	47.3	17.3	45.5
West Bengal	54.8	48.7	43.5	46.3	55.9

Strategies have to be thought out to enable mothers to breastfeed and offer complementary feeding. Here help of the older women and non-working younger women can be sought to take care of these young children while mothers are away working. We also need to consider creation of some day care centers managed by village women and supported by Panchayat where these young children can be cared for while their mothers are working. For women working in the organized sector, six months maternity leave must be implemented throughout the country.

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