

# SOUTH ASIA REGIONAL DEVELOPMENT MARKETPLACE ON NUTRITION 2009



**INNOVATE FOR NUTRITION:**

***FAMILY AND COMMUNITY APPROACHES TO IMPROVE INFANT AND YOUNG CHILD NUTRITION***

## OVERVIEW OF NUTRITION IN SOUTH ASIA

Despite experiencing unprecedented economic growth during the last decade, South Asia still has the highest level of undernutrition of all regions and progress is lagging.

### SCALE OF THE PROBLEM

#### General Infant and Young Child Malnutrition

The South Asia Region has both the highest rates and the largest numbers of undernourished children in the world and in some of its larger countries the underweight and stunting rates are much higher than those of Sub-Saharan Africa (38-46% vs. 28%, respectively) (see Figure 1<sup>1</sup>). In

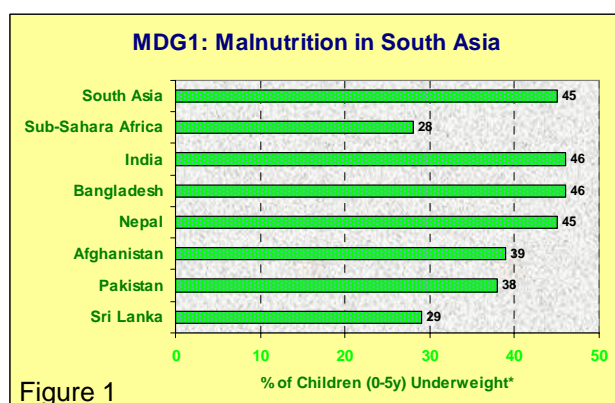


Figure 1

India for example, a nationally representative 2004 National Family Health Survey (NFHS) found almost 46% of all children under three years old to be underweight, which is only a slight improvement over reported 1998 numbers (47%). Regional stunting levels, an indicator of long term undernutrition, also depict a dire situation with 38% of children less than five years old reported to be too short for their age.

aggregates of nutrition indicators mask widening inequalities. For example, the 2004 NFHS in India found that underweight rates were higher among girls (49%), children from rural areas (50%), the poorest households (60% in the lowest wealth quintile), and in children from scheduled tribes (56.2%) and castes (53.2%). Given the current undernutrition levels and slow progress, it is unlikely that any South Asian country will achieve the MDG for nutrition (target 2 of MDG 1) - halving, between 1990 and 2015, the proportion of people who suffer from hunger as measured by the percentage of underweight children under five years of age (Figure 2<sup>2</sup>).

In addition to the lack of progress addressing undernutrition in South Asia, national

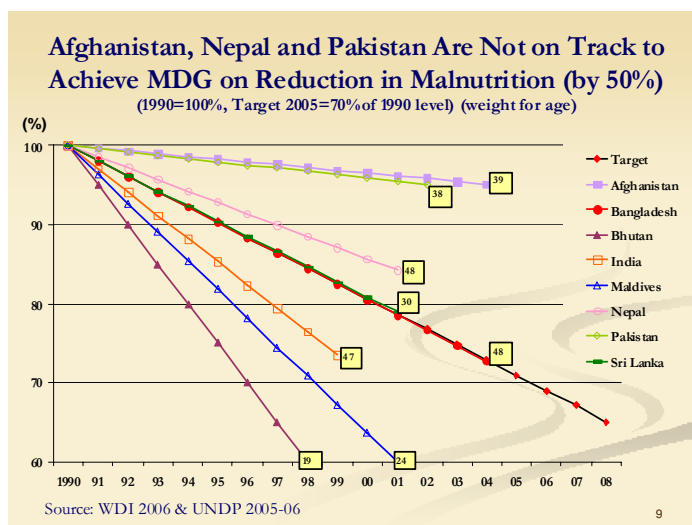


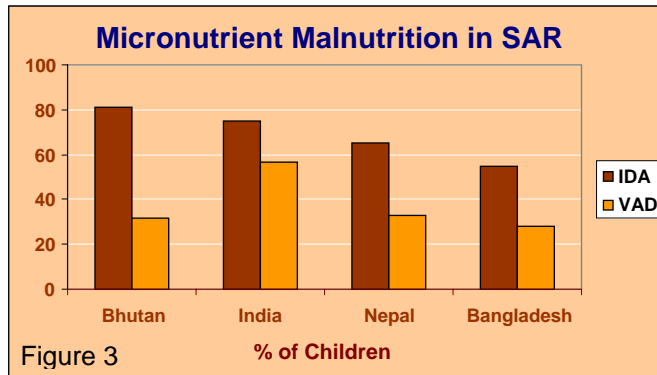
Figure 2

<sup>1</sup> Source: Unicef, The state of the World's Children, 2009

<sup>2</sup> Source: WDI 2006 & UNDP 2005-06

## Micronutrient Malnutrition

South Asia is home to persistently high levels of micronutrient deficiencies (Iron, Vitamin A and Iodine). A 2004 global report<sup>3</sup> estimated that the proportion of children under five years who were iron deficient ranged between 55% and 81% in Bhutan, India, Nepal and Bangladesh, respectively (Figure 3). Vitamin A deficiency (VAD), a nutritional deficiency for which proven and effective interventions are known and have been successfully implemented in many countries around the globe, is still a major public health concern in the region. The prevalence of sub-clinical VAD among children under six years in the same countries has been estimated to range between 28% and 57%.



## Maternal Malnutrition

The undernutrition crisis in South Asia is also a significant problem among women of reproductive age. The World Health Organization's global database on Body Mass Indices estimates that over a third of adult women in Bangladesh, India and Pakistan are underweight and the prevalence of iron deficiency anemia ranges between 55% and 81% across the

region. Besides threatening their own health and productivity, undernourished women have an increased likelihood of adverse pregnancy and birth outcomes including an increased likelihood of delivering babies with low birth weight who are likely to grow up to be underweight and stunted children/adolescents.

## Child Undernutrition: A South Asian "Enigma"<sup>4</sup>

While poverty is often the underlying cause of child malnutrition, the superior economic growth experienced by South Asian countries compared to those in Sub-Saharan Africa (SSA), has not translated into superior nutritional status for the South Asian child. Income inequality could help explain what average economic growth figures may conceal, yet inequality is not significantly worse in South Asia than in Africa. Agricultural performance is an important underlying determinant of child nutrition, yet per capita food production is almost equal if not slightly greater in South Asia. While some suggest genetics could help explain the small stature of South Asian children, growth curves of children from well-off Indian families follow the same pattern as those of adequately nourished children in other parts of the world. So the question remains, what factors in South Asia could help explain the large numbers of malnourished children compared to other regions in the world?

Many explanations have been given for this so called "enigma". They include:

- **Low birth weight:** Approximately a third of all children born in South Asia are of low birth weight (LBW) compared to 15% in Sub-Saharan Africa. Since LBW indicates that a child was malnourished in the womb, and/or that the mother was malnourished during her childhood and pregnancy, a large proportion of these low birthweights also indicate a suboptimal health and nutritional condition of the mother before and/or during pregnancy. Evidence in South Asia indicates that women eat fewer meals per day than men, and eat last in their households. On average, African women gain close to the 10kg recommended during pregnancy while South Asian women typically gain only a little over 5kg. This suggests that girls and women in South Asia are more disadvantaged than in SSA, nutritionally and health wise.

<sup>3</sup> Unicef and MI 2004, Vitamin and Mineral Deficiency: A Global Progress Report

<sup>4</sup> Source: V, Ramalingaswami, U Jonsson, J Rohdein: UNICEF, The Progress of Nations 1996: Nutrition.

- **Infant and young child feeding (IYCF) practices:** In Africa, growth faltering is rare in infants younger than 6 months, but for many South Asian children, it is common at four months. Delayed initiation of breast feeding leading to difficulties in establishing lactation, and/or low rates of exclusive breastfeeding are possible explanations for this difference. The timing of complementary food introduction is also vital in preventing growth retardation of young children. In South Asia, the percentage of children 6-9 months of age receiving complementary foods in addition to breast milk is 53% and in SSA it is 68%. This difference in IYCF practices could be another important reason for the differences in child nutrition between the two regions.
- **Poor household hygiene:** Although families in South Asia have better access to water supply than do families SSA, South Asia lags behind when it comes to safe sanitation. The overall poor hygiene in South Asia increases the burden of childhood illnesses, which in turn depresses a child's appetite, inhibits nutrient absorption, increases calorie consumption during fevers and in fighting infection, and, as a result contributes to child malnutrition.
- **Status of women:** Generally, women in SSA have greater opportunities and freedoms than South Asian women. For example, 50% of women in SSA are involved in some kind of economic activity outside the home compared to 25% in South Asia. Differences in literacy rates and age at first marriage also capture the differences in opportunities for the women in these two regions. Women have limited mobility outside the home in many countries and lack decision-making power with respect to their children. For example, only 1 in 5 women in Bangladesh can make decisions related to their own or their child's healthcare.

### **The World Bank Response**

Inasmuch as child undernutrition represents the “non-income” face of poverty, most global and country focus has been on the income poverty target, and the development community has failed to act decisively on this “forgotten MDG target.”

A recent World Bank publication, *Repositioning Nutrition as Central to Development* has increased knowledge and policy development work on nutrition within the Bank and in the development community as a whole. In South Asia as well as in other regions, the World Bank, in collaboration with other Development Partners, is increasing its role in combating the problem of malnutrition by expanding its capacity to generate country-specific knowledge on the magnitude of the problem, its causes and constraints to addressing undernutrition.

More recently, the Bank has initiated an organization-wide effort to scale-up work on nutrition which will enable countries to respond to the current nutrition crises, and to build programs to ensure good nutrition for children, women and men in the medium and long term. In the South Asia region this will include analytical work in Afghanistan, Bhutan and Nepal as well as new nutrition projects which are planned for Afghanistan, Bhutan, Nepal, Pakistan and Sri Lanka. The Bank will also continue its support of the Integrated Child Development Services (ICDS) program in India, which is the country's primary response to child malnutrition, and the National Nutrition Program, a comprehensive nutrition intervention in Bangladesh aimed at achieving sustainable improvements in the nutritional status of the population, particularly children and women.

For further information please visit: [www.worldbank.org/hnp](http://www.worldbank.org/hnp)