

## **“Pragmatic Impact of Children Oriented Policies in India”**

*Sandeep G,  
SASTRA, Deemed to be University  
Thanjavur*

### **Abstract:**

Good health of the citizens is highly imperative for the growth of any nation. The fact that children are the national asset for a nation's future is undeniable. The Government has put immense efforts to eradicate the malnutrition in children. The statistics, however, portray the present scenario otherwise. The 2017 Global Hunger Index (GHI) Report ranked India 97th out of 118 countries with a serious hunger situation. India, amongst South Asian nations, ranks third behind Afghanistan and Pakistan with a GHI score of 29.0 (Serious Situation). Despite so many policies and laws to create a healthy atmosphere, the environment has not transformed completely to fulfil the essential rights of children. The National health policy, 2002 has not caused much decline in the rate of malnutrition in children.

The author emphasizes the State's failure in resolving issues pertinent to malnutrition in children in India. The author, with the help of relevant statistical data and policies, articulates the information with a critical analysis of the rate of malnourished children in India. The author elucidates the causes of malnutrition and how it has nexus with poor sanitation and poor accessibility of people in lower strata to augmented healthcare services. Amongst the other factors, Discrimination, on the basis of caste, also contributes to malnutrition in women and children. The author discusses the means adopted in the National Health Policy, 2017 in a positive context and explains how the policy endeavours to create an optimistic impact on the overall health of the citizens.

### **Procedure: Secondary Data analysis**

**Keywords: Malnutrition, National Health Policy (NHP), Statistics**

### **Introduction:**

Article 47 of the Indian Constitution imposes an obligation on the State to raise the level of nutrition, the standard of living, and improve the public health; hence essential rights must be granted to all the children. Every country should sustain the perspective that children are the engine for its growth. Before reflecting on the relevant issues, it is essential to comprehend the meaning of two terms: 'Child' and 'Right'. "A child means every human being below the age of eighteen years unless, under the law applicable to the child, the age of majority is attained earlier."<sup>1</sup> Nevertheless, in various enactments, the term 'Child' has been defined and interpreted in dissimilar contexts. An entitlement of an individual to something is characterized as one's 'Right'.

The essential rights of the children can be categorized as follows:

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<sup>1</sup> United Nations Convention on Rights of the Child, Article 1 (1989).

- Right to Survive – A child has the right to live and obtain basic amenities such as food, water and shelter
- Right to Development – A child has the right to education, practice any religion, and uphold any culture
- Right to Protection – A child has the right to be protected against exploitation, and procedures or circumstances that might culminate in abusing them
- Right to Participate – A child has the right to participate in the current affairs, especially when they seem to function to the prejudice of children

Although the Indian Constitution guarantees several special rights to children, the enforceability of such rights is not up to a vitally desired level. The underlying question is whether health policies make any strong and optimistic impact on children in actuality? The statistics are apparently undesirable.

### **Statistical Analysis of Malnutrition in children:**

Similar to the case of mounting inequality in income between rich and poor sections of the society, the gap between the aforementioned sections is widening due to overnutrition and undernutrition especially among children. The State seemed to have put immense efforts to eradicate the malnutrition in children and achieve the Sustainable Development Goal-2. However, the policies, framed for that matter, have not addressed the relevant issues in entirety, nor have they caused any huge decline in the percentage of malnutrition in children. The 2017 Global Hunger Index (GHI) Report ranked India 97<sup>th</sup> among 118 countries with a serious hunger situation. Amongst South Asian nations, it ranks third behind Afghanistan and Pakistan with a GHI score of 29.0 (Serious Situation). In India, about half of the children aged below five die every year due to poor nutrition.<sup>2</sup>

Apart from poverty, there are three key factors between districts that tune the levels of malnutrition in children: the status of women, the kind of diets fed to children, and access to toilets. The figures pertaining to malnutrition in children are as below:<sup>3</sup>

- India accommodates the largest number of malnourished children in the world.
- 38% of children under 5 are affected by stunting.
- 21% of children aged under 5 are defined as ‘wasted’ or ‘severely wasted’

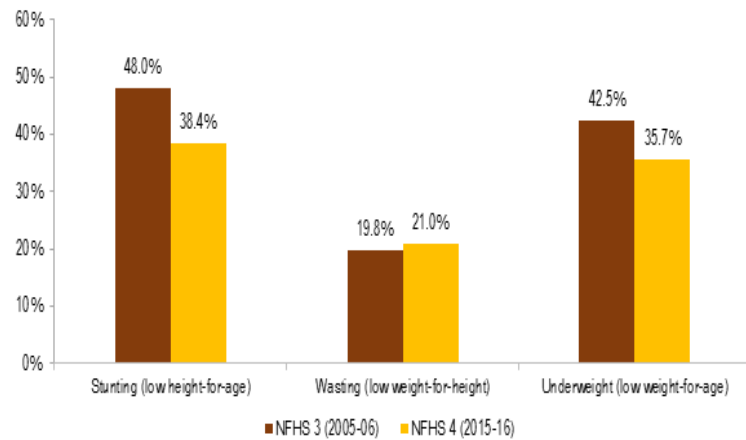
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<sup>2</sup> *Preventing hunger and malnutrition in India | ORF (2017)*, available at <http://www.orfonline.org/research/preventing-hunger-and-malnutrition-in-india/> last seen on 9/06/2018.

<sup>3</sup> *ASSOCHAM - EY Joint Study, India has largest number of malnourished children in the world; 50% children in India undernourished (2017)*, available at <http://www.assochem.org/newsdetail.php?id=6565> last seen on 09/06/2018.

There are no sources in the current document.

- There is a decline in the percentage of stunted children under five from 48% in 2005-2006 to 38.4% in 2015-2016. Nevertheless, there is a slight increase in the percentage of wasted children from 19% to 21%.
- The disparity continues to exist between the children in the rural and urban areas, as the percentage of underweight children in rural domains is higher than that in urban domains by 9%.
- Only 10% of children aged 6-23 months was reported to have received an adequate diet.
- For children aged between 1-5 years, the percentage of underweight children are 42%, 37%, 36%, 34.1% in Jharkhand, Bihar, Madhya Pradesh and Uttar Pradesh respectively. The percentage of stunted children is 50.4% and 19.4% in Uttar Pradesh and Kerala respectively. In respect of wasted children, the highest percentage is 19% in Arunachal Pradesh and the lowest percentage is 5% in Sikkim.

**Figure 1: Malnutrition in children under 5 years (2005-06 and 2015-16)**


Sources: National Family Health Survey 3 & 4; PRS.

The policies framed by the State such as National Policy for Children and National Health Policy (hereinafter referred as NHP), relying on the statistics presented, can apparently be depicted as ineffective, in their formulation and implementation, with respect to reducing malnutrition in children. From the bar chart (fig.1), it is possible to understand the fact that there has been no extremely positive impact on malnutrition in children aged below five years. Whether Children are of the appropriate weight and height is highly dependent on the socio-economic status of the population.<sup>4</sup> It is believed that the improvement of child nutrition is parallel to that of socio-economic welfare.<sup>5</sup> In other words, the very reason for malnutrition in children is the unequal distribution of income and wealth in the country. The excerpt “Rich gets richer and Poor gets poorer” must be eliminated to resolve the issues raised herein.

<sup>4</sup> HUNGaMA Survey Report (2011), available at <https://www.cse.iitb.ac.in/~sohoni/TD604/HungamaBKDec11LR.pdf> last seen on 09/06/2018.

<sup>5</sup> Barun Kanjilal et al., Nutritional status of children in India: household socio-economic condition as the contextual determinant, 9 International Journal for Equity in Health 19 (2010).

### **Why is Malnutrition still prevalent in children?**

Malnutrition affects the chances of survival for children, increases their vulnerability to illness, reduces their learning ability, and makes them less productive in later life.<sup>6</sup> Discrimination on the basis of caste continues to dominate the minds of people in certain parts of our nation. India's massive population consists of various sections, of which 16.6% of the people are put in the category called 'Scheduled Castes'.<sup>7</sup> *Hausla Poshana Yojana*, for example, was initiated to provide nutritious food to pregnant women and malnourished children in Uttar Pradesh. It resulted in failure on account of the reluctance of the beneficiaries to consume the food because it was prepared by Anganwadi workers belonging to the Scheduled Caste. Anganwadi workers, historically, were seen as untouchables by the people in the upper strata.<sup>8</sup> In addition to this, if women get married at an early age (before 18), or if they do not intake adequate food due to lack of awareness about the consequences, their children are highly likely to be malnourished.<sup>9</sup> People's mentality, unless changed, shall relentlessly hurt the potential prosperity of themselves as well as of our nation.

About 2.4 billion people globally do not have toilets and 946 million, roughly 1 in 8 of the world's population, engage in open defecation.<sup>10</sup> Poor housing condition, unsafe drinking water, lack of sanitation, use of biomass fuels, exposure to unsuitable changes in the environment as a part of the livelihood, among the people of poorer background, increase the risk of numerous health issues.<sup>11</sup> Improvements in sanitation, especially in eliminating open defecation, are associated with 4% to 37% reduction in stunting in rural settings and 20% to 46% reduction in the case of urban settings.<sup>12</sup> In India, the practice of defecating in open is, therefore, one of the major contributors to social ills. Poor sanitary conditions caused by various factors lead to the occurrence of diarrhoeal diseases; these diseases increase the children's vulnerability to stunting. Sufficient awareness about health and nutrition is absent among the people. Campaigns to educate the people about malnutrition along with strategies to prevent its ill-effects must be done in person, and over social media and community platforms. The Government must enhance the stringency of existing relevant provisions or come up with new laws to make hygiene maintenance mandatory. Awareness about food and

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<sup>6</sup> *Helping India Combat Persistently High Rates of Malnutrition*, World Bank (2013), available at <http://www.worldbank.org/en/news/feature/2013/05/13/helping-india-combat-persistently-high-rates-of-malnutrition> last seen on 09/06/2018.

<sup>7</sup> *Preventing hunger and malnutrition in India | ORF* (2017), available at <http://www.orfonline.org/research/preventing-hunger-and-malnutrition-in-india/> last seen on 09/06/2018.

<sup>8</sup> The Times of India, Nutrition plan: Moms-to-be refuse Dalit-served food in UP, 2016.

<sup>9</sup> Niranjan Saggurti et al., The effect of maternal child marriage on morbidity and mortality of children under 5 in India: cross sectional study of a nationally representative sample (2010).

<sup>10</sup> *Progress on Sanitation and Drinking Water: 2015 Update and MDG Assessment*, UNICEF (2015), available at [https://www.unicef.org/publications/index\\_82419.html](https://www.unicef.org/publications/index_82419.html) last seen on 09/06/2018.

<sup>11</sup> Debasis Barik & Amit Thorat, Issues of Unequal Access to Public Health in India, 3 *Frontiers in Public Health* (2015).

<sup>12</sup> *Nutrition and Water, Sanitation and Hygiene*, World Vision International, available at <https://www.wvi.org/nutrition/nutrition-and-wash> last seen on 09/06/2018.

environmental hygiene must be spread to ensure clean and healthy environment. The concept of Water, Sanitation, Hygiene (WASH) must be given due importance by the policymakers and the people to eradicate nutritional deficiencies prevalent in women and children.

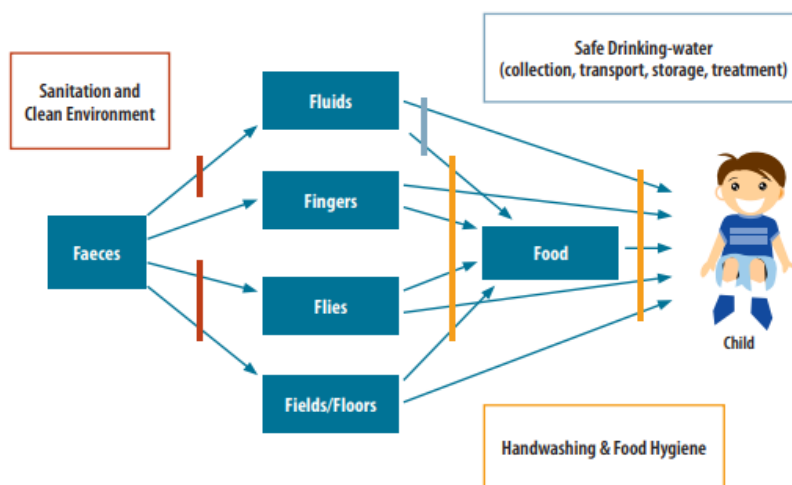
**Endeavours by National Health Policy, 2017:**

In respect of reducing the percentage of stunted children, the NHP 2017 merely emphasizes on the reduction and is silent on the margin of reduction. The inflation rate and economic environment in 2025 are unpredictable. Therefore, the success of policy in lessening the proportion of household, facing catastrophic health expenditure, from the present level by 25% in 2025 is uncertain. Although the Union Government grants funds for increasing the quality and accessibility to health care services, the State Government must have such health care services, at the decentralized level, reach the vulnerable sections of the society.

The problem of affordability among poorer sections of the society has not been addressed completely by the legislature, nor the standard of healthcare services has been raised to the level equal to that of private hospitals. The NHP 2017 recommends collaboration through strategic purchasing with ‘Not-for-Profit’ and ‘For-Profit’ private hospitals to fill the critical gaps existing in the public healthcare services. However, purchasing care after due diligence from non-government hospitals by the government is employed as only a short-term strategy i.e. until the public system is strengthened. The public policy also lays emphasis on creating public awareness, screening for anaemia, micronutrient supplementation and food fortification.

The NHP 2017, inter alia, focuses on the maximization of the use of existing facilities in the government hospitals. Therefore, a monitoring mechanism is recommended to be set up by the Ministry of Health and Family Welfare (MoHFW) to ensure the delivery of essential knowledge and qualitative healthcare to the poorer sections of the society. The NHP 2017,

**Figure 2: F - Diagram**



additionally, makes unprecedented efforts to ensure access to standard healthcare services for anaemic and other patients from a poor background in the country.

The diagrammatic representation (F-diagram) explains the relationship between a clean environment and good health. As a part of

Swachh Bharat Mission, access to safe water and sanitation to everyone is assured by 2020.

Although this appears to be a great step to augment sanitation by the government, the people must be made aware of maintaining hygiene to establish positive reciprocity between the former and the latter, and to realize the benefits of such reciprocity.

**Conclusion:**

The State must scrutinize the outcome of enforcing enactments and other constitutional provisions, relating to children. The State list, inter alia, encapsulates public health and sanitation, hospitals, and dispensaries. Hence, the State Government should play a pro-active role in formulating and implementing the required health schemes for the long-term sustenance of good health among the individuals. India's Nutrition Policy of 1993 was formulated after comprehending all the factors responsible for the occurrence of malnutrition. Despite the sincere attempts of the State, the statistics relevant to healthcare access to the lower strata people and malnutrition in children are unsatisfactory.

The NHP 2017 promises to bring a positive transformation in the society by increasing the percentage of GDP utilized for health from 1.5% to 2.5%. Furthermore, the policy addresses the issue of malnutrition in children by all means; and in pursuance of Swachh Bharat Abhiyan, improvement of sanitation facilities in public places is made prominent. Policies need to be implemented effectively to ensure the well-being of every citizen in the country. Therefore, in spite of the statistics being undesirable, the relevant policies recently formulated seem to achieve the Goal 2 of Sustainable Development set by the United Nations by 2030.