

Malnutrition and Disability: The Indian Scenario

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Abstract

India is the world's second most populated country. Both malnutrition and disability have affected its people on a large scale. In this paper the researcher will explain the relation between malnutrition and disability. The researcher will also highlight the situation of malnutrition in India. This paper will also throw some light on how malnutrition is aggravating disability in India. This study will also explore the measures taken to overcome malnutrition in India. The researcher will also give some suggestions to deal with the problem of malnutrition in India.

Keywords:Malnutrition, Disability, India, Poverty, People

Introduction

Disability and malnutrition are seen as problems with human rights around the world. They are also seen as health problems. Article 25 of the Universal Declaration of Human Rights and the General Comments No. 12 on the right to food say that people with disabilities have the right to be able to get to food that is good for them. The 2006 UN Convention on the Rights of Persons with Disabilities says that people with disabilities have the right to health care, education, and to be a part of society. It says that people with disabilities have the right to the highest standard of health without being treated differently because of their disability. It also says that state parties have a duty to stop people from being denied health services or food because of their disability. Also, the Convention on the Rights of the Child says that all children, even those with disabilities, have the right to eat well. WHO agrees that disability is a problem for global public health, human rights, and development. Disability is a global public health problem because people with disabilities have a hard time getting to health care and related services like rehabilitation, and their health is worse than that of people without disabilities. Disability is also a human rights issue because people with disabilities often face stigma, discrimination, and unequal treatment. Their rights and dignity are often violated because of their disability, such as through acts of violence, abuse, prejudice, and disrespect, and they are denied the right to make

their own decisions. Disability is a development issue because it has a two-way link to poverty. Being disabled can make you more likely to be poor, and being poor can make you more likely to be disabled.

Poverty makes it more likely that people will have health problems like malnutrition, bad health care, and dangerous places to live, work, and travel. Disability can lower a person's standard of living and put them in poverty if they can't get an education or a job, or if they have to spend more money because of their disability.¹

About 15% of the world's population, or one billion people, have moderate or severe disabilities. Most of these people, or 70%, live in developing countries like India. According to the 2011 Census, there are 1.23 billion people living in India. About 2.1% of that number, or over 21 million people, have some kind of disability.²

Some of the most common causes of disability are birth defects, communicable diseases, non-communicable diseases, functional psychiatric disorders, substance abuse, trauma, and malnutrition. In developing countries, some of these causes are likely to be more common. It is estimated that about 35 million people in India have a disability.³

Malnutrition and disability are closely related, and there are a number of areas where the two issues meet. Countries with a lot of malnutrition and nutrient deficiency also tend to have a lot of people who are disabled or have delayed development. There are various areas where malnutrition and disability overlap and affect each other: Malnutrition can cause or make some disabilities worse, and some disabilities can cause or make malnutrition worse.

Interactions happen at all stages of life, from pregnancy to childhood to adolescence to adulthood to old age. And it is also important to note that conditions linked to over-nutrition (obesity), such as stroke and diabetes, are also becoming more important causes of disability, especially in older age groups.⁴

Malnutrition in India

Malnutrition is defined as "a pathological state caused by a relative or absolute lack (or lack of access) to one or more essential nutrients" in the text book of Preventive and Social Medicine.

Undernutrition is a condition that happens when a person doesn't eat enough food for a long time. In the worst cases, it could lead to starvation.⁵

Malnutrition is common in developing countries like India because people don't eat enough, they get sick often, they don't get the care they need, and food isn't shared fairly within the household.⁶

India still has one of the worst rates of malnourished children in the world, even though a lot of money has been spent on this problem for decades. India is 107th out of 121 countries on the Global Hunger Index for 2022, which is based on things like how short children are, how much they eat, and how many of them die.⁷

Even after more than seven decades of India's independence, malnutrition is still a big problem in the country which in turn leads to several other problems like disability. The UN Food and Agriculture Organization (FAO) report on Food Security and Nutrition in the World 2022 says that there will be 224.3 million undernourished people in India between 2019 and 2021, which is 16% of the population of 1.4 billion.⁸

According to the latest National Family Health Survey 2019-21, about one-third of India's children under the age of five are underweight and short for their age, and 67% of children between the ages of 6 and 59 months are anemic. 57% of adult women (15–49 years) and 25% of adult men (15–49 years) are anemic. While we deal with undernutrition and micronutrient deficiency (hidden hunger), we also see an increase in obesity and noncommunicable diseases, which is another side effect of malnutrition (NCD). Nearly a quarter of men and women aged 15–49 are overweight or obese, and noncommunicable diseases are said to be responsible for 65% of deaths in the country.

Malnutrition, especially in young children, is one of the most crucial public health problems in India. It results in the death of about half of children and is a major reason why children get sick and disabled. It has medical and social problems that come from being poor and being treated unfairly. Malnutrition in young children can have terrible and long-term effects.⁹

From birth to adulthood, there are clear differences in how men and women eat. In fact, gender has been the most statistically significant predictor of malnutrition in young children, and

malnutrition is often the direct or underlying cause of death in girls under the age of 5. One estimate from Punjab says that adult women eat about 1000 fewer calories per day than men. Studies of what people eat at home in different parts of the country show that there is less nutritional equality between men and women in the north than in the south. When women don't get enough to eat, they don't grow to their full height potential and they get anemia. Both are risk factors for pregnancy, with 40–50% of women in cities and 50–70% of women in rural areas having anemia. This condition makes it hard to have a baby and can cause both the mother and the baby to die, as well as babies to be born with low birth weights.

Because it affects birth weight, getting enough and nutritious to eat during pregnancy and the first six months of birth is very important. Since malnourished mothers are more likely to have babies with low birth weights and even disabilities, the problems often start before, during, and after pregnancy. A baby's poor nutrition at birth is made worse by bad breastfeeding and extra feeding habits. After that, in the first two years, they don't give enough good food, especially to mothers with low levels of education.¹⁰

When malnutrition is common among children, women, and men of all ages, it hurts the base on which a society can build a superstructure of human capital and reach the goals of human development. Malnutrition, illness, death, and poverty all feed into each other, creating a vicious cycle. This means that even if a country has a young population, it might not be able to get a demographic dividend. Instead, it might have a demographic disaster. About two-thirds of the people in India are younger than 35 years old. If this young population is not healthy in key ways, it will be hard to build up human capital and make the economy grow.¹¹

Malnutrition and Disability in India

According to research done in the fields of health and medicine, the causes of disability are heredity, birth defects, lack of care during pregnancy and childbirth, unsanitary housing, natural disasters, illiteracy and the lack of information about health services, poor sanitation and hygiene, congenital diseases, malnutrition, traffic accidents, work-related accidents and illness, sports accidents, and so-called modern diseases like cardiovascular diseases, diabetes, and obesity.¹²

As was already said, malnutrition is one of the main reasons people are disabled. Their relationship can be seen as an exchange between them. On the one hand, malnutrition, such as a lack of micronutrients, macronutrients, or exposure to high levels of antinutrients, can cause many types of disabilities. On the other hand, having a disability can lead to malnutrition because the person takes in less nutrients, loses more nutrients, and needs more nutrients. This often puts the person at risk for more problems.¹³

India is a developing country that doesn't have a lot of resources or modern tools to help it solve its problems. Malnutrition is a sign of poverty, but not having enough food to eat is also a sign of unfairness and apathy. For example, it is well known that in many homes in India, boys and men get better and more food and nutrition than girls and women. The Human Development in South Asia report says that in the SAARC area, India has the highest rate of anemia among pregnant and nursing women ages 15 to 19.

Malnutrition, in all its different forms, is both a cause of disability and a factor in other conditions that make people more likely to be disabled. About 515 million Asians, or about two-thirds of the hungry people in the world, are chronically malnourished.

A lot of Indians don't get enough of the basic nutrients they need, which makes them sick and more susceptible to disability.

For example, a lack of vitamin A can cause blindness.

A lack of vitamin B complex can cause problems like inflammation or degeneration of the nerves, digestive system, and heart, pellagra, and anemia. Rickets is caused by a lack of vitamin D. A lack of iodine causes slow growth, trouble learning, intellectual disability, and goiter. Iron deficiency causes anemia, which makes it hard to learn and do things and is a major cause of death among mothers. Calcium deficiency causes fragile bones.

As was already said in the introduction, more than 21 million Indians have some kind of disability. Some of their problems may be caused by not getting enough micronutrients. Girls, mothers, and old people will be especially likely to be malnourished. Due to the lack of food and nutrition security for the poor, about 30% of babies born in India weigh less than 2,500 grams. This is the threshold set by the WHO for low birth weight, which is linked to a lower chance of survival and a higher risk of disability.

Immunology and cell biology have made great strides in recent years, showing that nutrition is a much more important factor in health than was thought in the past. So, we now know that a healthy, well-balanced diet is important not only for physical growth and development, but also for mental health and the ability to handle the inevitable process of aging with the least amount of disability and loss of function.¹⁴

Government's Policies Against Malnutrition

The government of India has come up with a number of policies and measures to get rid of malnutrition in India. They include the following schemes:

(1) *Poshan Abhiyan*

This scheme was launched in 2017. It united numerous ministries to work for removing malnutrition from India by 2022. This scheme is monitored Ministry of Women and Child Development.

(2) *Integrated Child Development Services*

It started on October 2, 1975, and is one of the world's largest and most unique programs for caring for and developing young children. The Scheme helps children from 0 to 6 years old, pregnant women, and mothers who are nursing. The implementing agency is the Ministry of Women and Child Development.

(3) *MatritvaSahyog Yojana*

This scheme is also known as Indira Gandhi MatritvaSahyog Yojana. It is a Conditional Maternity Benefit Scheme that started in 2010. As a centrally sponsored program, this scheme is lookafter under Ministry of Women and Child Development. The scheme aims to improve the health and nutrition in women-pregnant and nursing.

(4) *Pradhan Mantri Matru Vandana Yojana*

This program, which is run by the government, began in 2017. Women who are pregnant or nursing get Rs. 6,000 directly deposited into their bank accounts to help make up for lost wages and get better facilities for giving birth. This only applies to the first child in the family.

(5) *Mid-Day Meal Scheme*

This Scheme is another initiative of the Indian government to ensure better nutrition among the children at school level. It includes all students from Classes 1 to 8 in government schools,

schools that get help from the government, special training centers, and madrasas that are aided under Samagra Shiksha Abhiyan.

(6) *National Food Security Mission*

This Mission was launched in 2007-08 as a Centrally Sponsored Scheme by the Ministry of Agriculture and Farmers' Welfare. It was based on what the National Development Council's agriculture subcommittee said should be done (NDC). It focuses on increasing the production of specific crops in a sustainable way by adding more land and making farms more productive.

(7) *National Nutrition Mission*

The National Nutrition Mission was one of the most important nutrition programs for children, women (pregnant and nursing mothers), and adolescent girls. It seeks to reduce stunting and underweight by 2% per year (6% until 2022) and anemia by 3% per year (9% until 2022) in children, girls in adolescence, and women (pregnant and nursing). The Ministry of Women and Child Development was the sponsor for the implementation of this program in the country.

(8) *National Nutrition Strategy*

The goal of the Strategy is to make India a malnutrition-free country by 2030. The strategy specially focuses on the most disadvantaged sections and vulnerable age groups. It also aims to help reach the nutrition and health-related goals that are part of the Sustainable Development Goals.¹⁵

Suggestions

The following are some of the Suggestions

- (1) There needs to be better access to nutrition services for women who are pregnant or breastfeeding, including those who are disabled.
- (2) An early-intervention in nutrition, health, and development efforts should include people with disabilities. For example, early screening for malnutrition should be made so that it is easier for children with disabilities and their families to use them in a better way.
- (3) Some children with disabilities and some adults with disabilities also need services that are tailored to their needs and the needs of their families or caretakers. These services include professional special and community-based rehabilitation services where they are available.

(4) Health care and nutrition students and people who work in development should be taught how to include children and adults with disabilities.¹⁶

(5) There needs to be more money for child nutrition and centers for disabled children to get better. With more money, rehabilitation centers, which are usually far away, especially in rural areas, could grow and hire more nutritionists and nurses to help kids with disabilities in their communities.

(6) Children with disabilities need to have better access to education. This can be done by putting the education policy into action. Even though the education policy is clear that more children with disabilities need to be able to go to school, these goals have not been met because the children don't have the right tools to help them go to school.

(7) Early childhood education needs more money so that different problems and talents can be found and helped as soon as possible.

(8) There needs to be a change in how quickly data is collected on both disability and nutrition for children. If this data is well managed and coordinated, it will help program implementers find problems, plan programs, and carry out efforts to improve nutrition for children with disabilities.

(9) The government should re-evaluate its policies against malnutrition and disability. It should also measure the implementation of those policies and should take appropriate actions.

(10) There needs to be more work put into teaching mothers and caregivers of disabled children about nutrition.¹⁷

Conclusion

Despite all these governmental initiatives and policies to make India a malnutrition free country. India still has one of the highest rates of malnutrition in the world, even though it is getting better. Persons with disabilities are more vulnerable than persons without disability in terms of access to nutrition. Malnutrition and disability are aggravating each other and are creating more hurdles in the way of India's progress.

Therefore the government should properly check the implementation of policies like Supplementary Nutrition Program under Anganwadi Services and POSHAN Abhiyaan (Saksham

Anganwadi and Mission POSHAN 2.0), which aims to eradicate malnutrition in children, girls, women (pregnant and nursing mothers). Adequate measures should also be taken to ensure the nutritional needs of persons with disabilities. All this should be done on priority basis.

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