

45% Of Child Mortality Can Be Attributed To Malnutrition, And It's An Emergency

Solutions, not suggestions should be on our agenda this World Health Day.

By: **Kreeanne Rabadi** - 07/04/2017 – Huffpost



As we celebrate World Health Day this year, it is imperative to think back on the many reports we continue to see on children's deaths due to malnutrition.

Whether it is a hamlet in Palghar district of Maharashtra or a one-room tenement nestled deep within the bylanes of a slum in Mumbai, the alarming problem of malnutrition looms large. Like the 15-day-old baby boy born to Seema, a young mother living in the slums of Shivaji Nagar in Mankhurd—weak and weighing a mere 1.3kg and in an incubator for 21 days. The baby survived because of the intervention of a CRY-supported programme but millions of infants are not so lucky.

Sadly, nearly 45% of child deaths can be attributed to various forms of malnutrition; in India about 50% of deaths in children under 5 are related to malnutrition. Which is why it is time we introspect on the reasons as to why we are still unable to curb this menace, once and for all.

Wasting (low weight by height), stunting (low height for age) and underweight (low weight for age) are the three aspects of malnutrition which affect children both in rural and urban India.

Wasting is the result of acute undernutrition resulting from inadequate intake of food and frequent infections, usually seen in the context of poverty and poor hygiene and sanitation. Around 21% of all children under 5 years of age suffer from wasting in India.

It is imperative here to note the fact that the situation with regards to wasting is "critical" in Mumbai (equal to or more than 15% wasting levels in children are considered to be critical)

NHFS 4 data for Maharashtra reveals that:

- 34.4% children under five yrs are stunted (height for age)
- 25.6 % children under five are wasted (weight for height)
- 36% children under 5 yrs are underweight (weight for age)
- Only 56.3 % children (12-23 months) are fully immunised.

This situation calls for collective efforts involving all the stakeholders to reduce severe acute malnutrition with particular reference to wasting in Mumbai.

CRY's experience provides insight that this is possible to do if the below mentioned aspects are really focused on:

1. Convergence between key departments like MCGM, Health and WCD (ICDS services).
2. Rigorous capacity building of the community improves uptakes of ICDS and MCGM services.
3. Changes in health choices and practices through focused, repetitive and tailored health messaging, building referral linkages, positive role modelling, use of BCC materials and iterative learning.

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Investing in children early on ensures critical growth and development at an individual level and also has a larger effect on economic growth.

Let us pledge to give good health to our children and that can happen only with our serious efforts and concern.