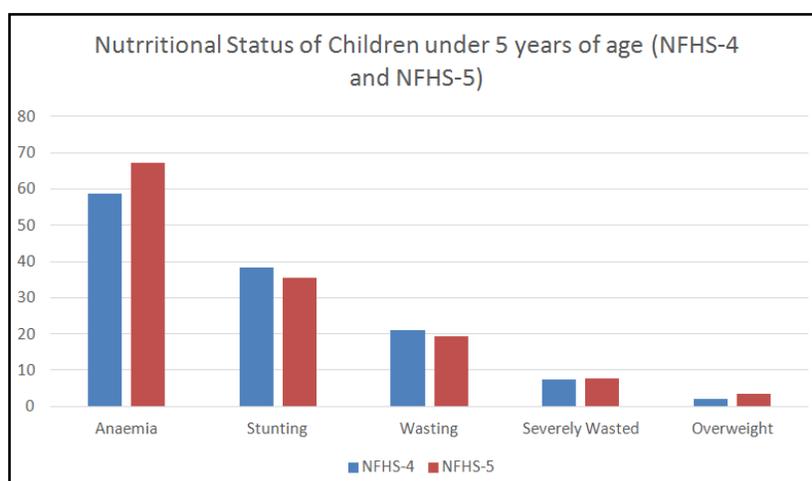


Research shows that undernutrition negatively affects human capital formation and productivity, resulting in significant worldwide economic losses (Horton & Steckel, 2013). In addition to these economic considerations eliminating hunger and malnutrition should be viewed as a worldwide ethical issue that needs top emphasis.

Prevalence in India

India continues to do poorly in tackling hunger & malnutrition. About 1 in 3 children are stunted, and 1 in 5 face wasting [von Grebmer et al. 2018]. The greatest number of malnourished people in the world recorded (over 190 million) was found in India in 2016. [IFPRI, 2017] The National Family Health Survey (NFHS) 2019–21, the fifth in the series, shows that India's population's nutritional and health conditions have not improved significantly. According to the statistics, 35.5% of children are stunted, 19.3% are wasted, and 7.7% are seriously wasted. In addition, 3.4% of children are overweight, compared to 2.1% in NFHS-4. According to the NFHS, anemia dramatically increased in prevalence among children under five, with a current prevalence of 67.1% compared to 58.6%. (NFHS- 4). 57% of Indian women of childbearing age are anemic.



There is not enough data to evaluate India's progress toward meeting the low-birth-weight target. India could not progress toward reducing anemia among women of reproductive age (btw 15 to 49 years) continue to anemic. Meanwhile, India is on track to reach nutrition-related goals for pregnant women, infants, and young children, with 58% of infants aged 0-5 months exclusively breastfed. India is about to fulfill its goal of preventing stunting, although 34.7% of children below the age of 5 are still at risk, which is greater than the rate for Asia (21.8%). 1.6% of children under five are overweight, while India is on track to stop the trend from continuing. Regrettably, no improvement has been made in meeting the objective for wasting, which is greater (17.3%) than the norm for Asia (8.9%).

India has made little progress on the non-communicable disease (NCD) targets relating to diet. With an estimated 6.2% of adult women and 3.5% of adult males living with obesity, the nation has not made any progress toward meeting the obesity objective. India has a lower prevalence of obesity than the norm for the region, which is 10.3% for women and 7.5% for men. Diabetes is predicted to afflict 10.2% of adult men and 9.0% of adult women.

Progress towards the global nutrition targets



Source: Global Nutrition Report 2021

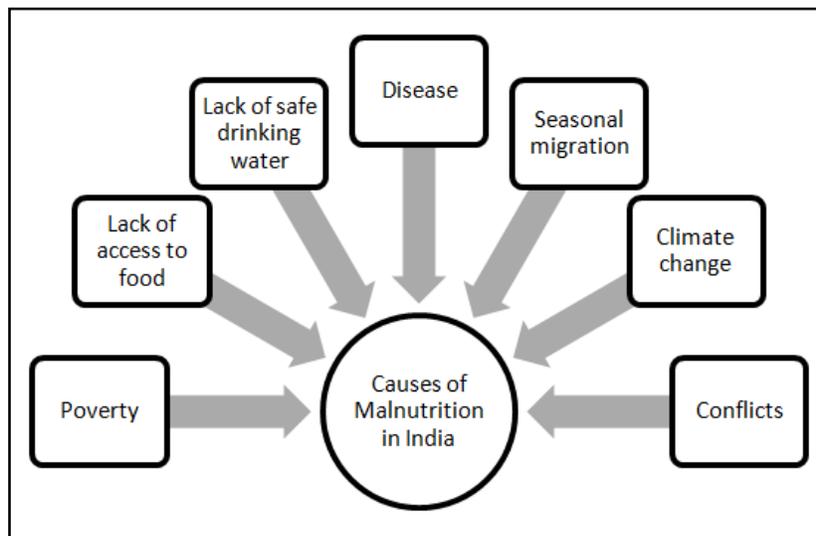
According to the 2021 GNR, five of the six targets to address stunting, wasting, anemia, low birth weight, and childhood obesity are yet to be accomplished; the global nutrition target, which was established to tackle the rising incidence of non-communicable diseases (NCDs), is also lagging behind.

Causes of Hunger and Malnutrition

India is the land of diversity, resulting in even more complex reasons behind hunger and malnutrition. Malnutrition is mainly a result of dietary inadequacy and unhealthy lifestyles. Other contributing factors are poor health care, purchasing power, frequent infections, lack of sanitation, faulty feeding habits, low agricultural production, and large family size. On the other side, economic development was not able to reach the majority of struggling Indians. [Narayan, 2015]

Growing consequences of climate change, such as changing weather patterns and rising drought, contribute to intensifying food insecurity. Some studies also reveal that rural-to-urban migration can be a factor, as notable changes are prevalent in the agriculture sector's GDP contribution. The concentration of economic growth in urban areas further supports such studies. [Choithani 2016]

According to Action Against Hunger Foundation following are the Primary causes behind malnutrition in India (Causes of Malnutrition in India, n.d.)



Some studies reveal that the execution of various nutritional initiatives is inadequate when the malnutrition burden is not considered when allocating funding. (Agarwal, N. et al., 2020) Research evidence shows that undernutrition, for example, negatively impacts human capital formation and productivity, thus leading to large global economic losses (Horton & Steckel, 2013). In addition to these economic reasons, eliminating hunger and undernutrition should be considered a global ethical task

that deserves top priority. Health and nutrition are the country's most important factors for human resource development.

CONCLUSION

Translation of knowledge into action with a focus on raising demand for access to food calls for the coordinated efforts of government and non-government organizations. Despite all the scientific advances and the growth of evidence to guide policymakers in their efforts to design policies and programs to alleviate hunger, the fact remains that progress is uneven all over India. States like Uttar Pradesh, Bihar, Jharkhand, Madhya Pradesh, and Gujarat linger far behind and show more modest success in this endeavor. In states where some reduction in hunger has been recorded, socio-economic inequalities still pose risks. The reasons range from a paucity of understanding of the actual cause of malnutrition in its complex dimensions to a lack of political will and commitment. Elusive paramount prioritization of hunger alleviation is a challenge that can't be abided by knowledge and science.

Hence, there is a requirement to better recognize the nature of the evolution in the fight against hunger and malnutrition to date; there is even more urgency to look forward at the growing landscape and challenges in tackling the persistence of suffering, which afflicts a large share of India's population.

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