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Gender Watch

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COVER STORY

Women and Anaemia in India

Introduction

In September this year, the Hyderabad-based National Institute of Nutrition (NIN) came out with India's first online 'Nutrition Atlas.'[1] The atlas presents a collation of data and statistics on various nutrition-related and other deficiencies and diseases prevalent at the national, state, and district levels. Making use of National Nutrition Monitoring Bureau, the National Family Health Survey, the World Health Organisation and other public databases, the atlas covers a vast range of issues such as stunting, wasting, maternal mortality, neonatal mortality, crude births, etc.

What stands out in the atlas is the alarming prevalence of anaemia amongst women. The atlas shows that between 2015 and 2016, 16 states and 6 union territories each accounted for more than 50% of its women population between the ages of 15-49 as anaemic. The states include Jharkhand, West Bengal, Haryana, Bihar, Andhra Pradesh, Telangana, Meghalaya, Tamil Nadu, Gujarat, Tripura, Punjab, Himachal Pradesh, Madhya Pradesh, Uttar Pradesh and Odisha.

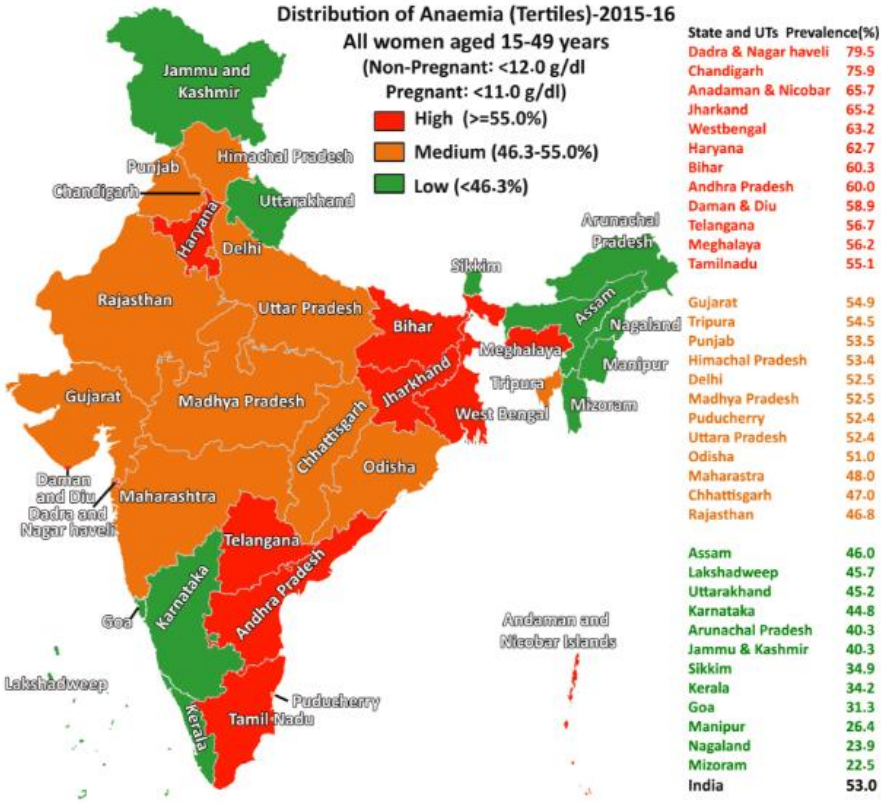

Figure 1
Source: Nutrition Atlas, NIN

[1] Nutrition Atlas, NIN. http://218.248.6.39/nutritionatlas/dashbord/index.php

The findings of the atlas have finally been corroborated by the 2017 Global Nutrition Report, released on 4th November. According to the report, in 140 countries, 614 million women aged 15–49 years were affected by anaemia. Out of these countries, India had the largest number of women impacted, followed by China, Pakistan, Nigeria and Indonesia. The report indicates that more than 50% of women of reproductive age in India had anaemia. In the 2016 Global Nutrition Report, the same figure was 48.1%, with India ranking 170th in a list of 185 countries.

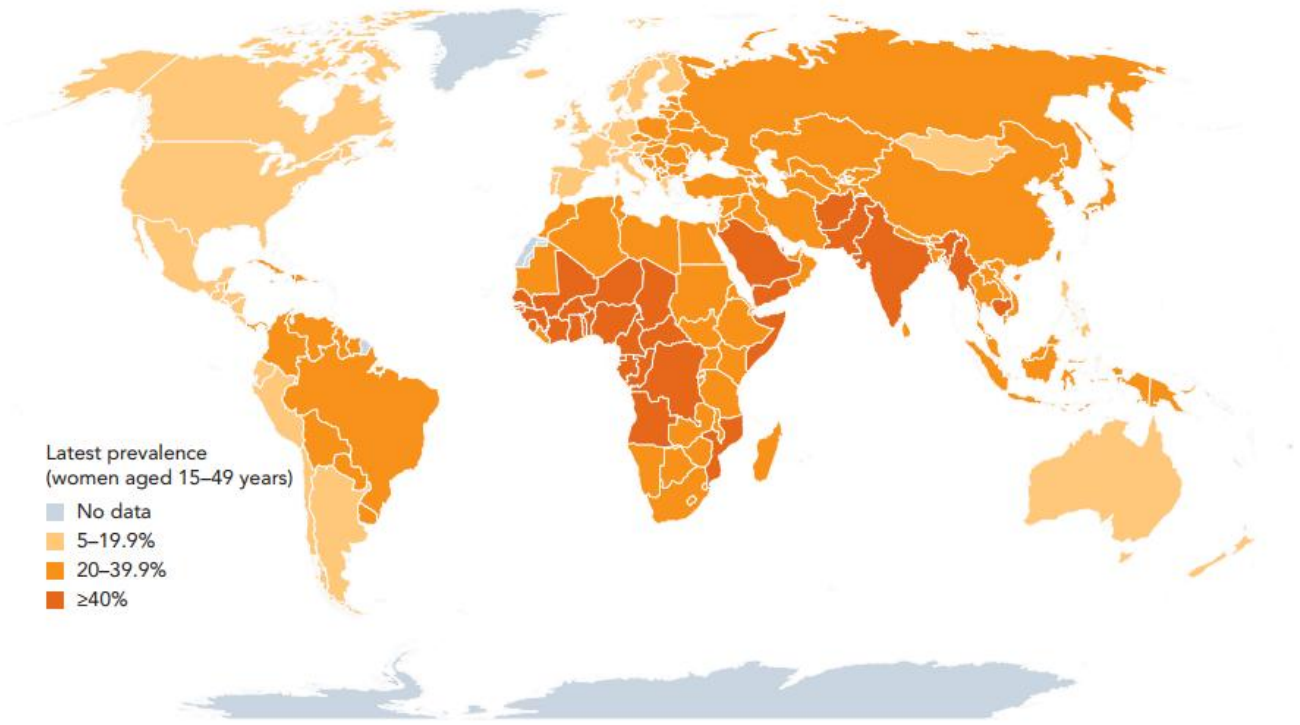

Figure 2
Source: The Global Nutrition Report, 2017

The findings shed light on India's crippled performance in the sectors of health and nutrition. In fact, in 2016, an *IndiaSpend* analysis of the last two Global Burden of Disease (GBD) surveys showed that iron-deficiency anaemia has remained the top cause of disability in India for over 10 years now.[2] The surveys ranked anaemia caused by shortage of mineral iron as the top factor for disability in India. These developments, thus, make it pertinent to draw public attention towards the Global Nutrition Report's findings on the annually rising rates of anaemia amongst women in India.

What is Anaemia?

According to MacDonald et al. (2007: 67), anaemia is defined as "a low level of haemoglobin in the blood, resulting in lower quantities of oxygen available to support the body's activities."

[2] Yadavar, S. (2016, October 27). Anaemia is the biggest cause of disability in India, worst in BRICS. *IndiaSpend*. Retrieved from http://www.indiaspend.com/cover-story/anaemia-is-the-biggest-cause-of-disability-in-india-worst-in-brics-43371 on 8th November, 2017.

According to the World Bank,[3] there are three major causes of anaemia:

a) Insufficient red blood cell production due to inadequate intake or poor utilization of dietary iron
b) Excessive red blood cell destruction due to malaria which displaces haemoglobin and prevents the transport of oxygen to the tissues;
c) Excessive red blood cell loss due to helminth infections leading to iron deficiency, and blood loss in women during their reproductive years.

Anaemia Prevalence	Public Health Significance
More than 40%	Severe
20-39%	Moderate
5-19%	Mild
0-4.9%	Normal

Figure 3
Source: World Bank, December 2004
According to these estimates, the public health significance of anaemia in India is above 'severe'

The consequences of anaemia in women are severe. These include:

a) **Maternal and prenatal mortality**: anaemia during pregnancy is associated with increased risk of maternal and perinatal mortality along with foetal wastage (Das 2016: 102). It is suggested that severely anaemic pregnant women have a 3.5 times greater chance of dying from obstetric complications compared with non-anaemic pregnant women (MacDonald 2007: 66)
b) **Low-birth weight**: anaemia contributes to high chances of premature delivery, low birth weight and mortality. (Das 2016: 102)
c) **Lower productivity**: Increased fatigue, decreased cognitive ability, decreased work productivity and consequent economic costs of increased morbidity and mortality (MacDonald 2007: 66).

Deaths due to Anaemia

Quoting the 2009 WHO Global health risks' report, Rammohan et al. (2012) note that iron-deficiency anaemia accounted for 400,000 deaths and 1.5% of the global Disability Adjusted Life Years in 2004. Reviewing Wojdyla et al. (2006), the authors also note that iron-deficiency anaemia accounts for 3.7% and 12.8% of maternal deaths during pregnancy and childbirth in Africa and Asia, respectively.

Moreover, Anand et al. (2014) highlight that in India, about 20% of maternal deaths are directly related to anaemia and another 50% of maternal deaths are associated with it. Kaur (2014) notes that about 50% of the global maternal deaths due to anaemia occur in South Asian countries of which India alone contributes to 50% of global maternal deaths and about 80 per cent of the maternal deaths due to anaemia in South Asia.

[3] Anemia at a Glance. (2004). World Bank "at a glance" series. Retrieved from http://web.worldbank.org/archive/website01213/WEB/IMAGES/ANEMIAAA.PDF on 7th November, 2017.

Source: http://healthlive.co.in/wp-content/uploads/2017/03/Help-women-to-be-free-from-Anemia.jpg

Role of gender norms

It is no coincidence that anaemic women in India far outnumber anaemic men. The 2015-16 National Family Health Survey-4 shows that only 18.4% men in urban areas and 25.2% in rural areas were anaemic, as compared to 50.8% women in urban areas and 54.2% in rural areas.[4] Going by World Bank's criteria, this can be attributed to either low iron content in the diet of women or blood loss in women during reproductive years, or both.

For the first criterion, a strong case has been made by Tiwari (2013). The author reviews the findings of the National Family Health Survey-3 (NFHS-3) and analyses the gender inequality on the basis of gender parity index with respect to health and nutrition. For this, Tiwari uses Body Mass Index and consumption of milk, pulses, fruits, fish/chicken/meat as indicators.

As Tiwari shows (see figure 4 and 5 below), when it comes to adult nutrition, a significant level of gender gap exists in states like Odisha, Madhya Pradesh, Uttar Pradesh, West Bengal, Haryana, Punjab, and Andhra Pradesh. Some states have gender inequality in consumption of pulses also. Similar to the consumption of milk and pulses, a considerable level of gender gap is found in the consumption of fruits in most states. Additionally, the consumption of fish/chicken/meat by women is less in northern states. It is significant that Rammohan et al., noting that "a diet based on daily (or several times weekly) consumption of meat, fish, chicken, or egg was significantly associated with lower levels of anaemia among Indian women" (2012: 6).

[4] India Fact Sheet, National Family Health Survey-4, 2015-16. Retrieved from http://rchiips.org/NFHS/pdf/NFHS4/India.pdf on 8th November, 2017.

Table 1: Gender bias in Adult Nutrition

States	Percentage with Normal BMI		Female/Male (I)	Percentage with BMI < 18.5		Male/ Female (II)	Average of (I & II)
	Male	Female		Male	Female		
India	56.3	51.8	0.92	34.2	35.6	0.96	0.94
Haryana	58.3	51.2	0.88	30.9	31.3	0.99	0.94
Punjab	57.2	51.2	0.90	20.6	18.9	1.09	1.00
Rajasthan	53.3	54.4	1.02	40.5	36.7	1.10	1.06
Madhya Pradesh	54.1	50.8	0.94	41.6	41.7	1.00	0.97
Uttar Pradesh	54.4	54.8	1.01	38.3	36.0	1.06	1.04
Bihar	58.5	50.4	0.86	35.3	45.1	0.78	0.82
Orissa	58.3	52.0	0.89	35.7	41.3	0.86	0.88
West Bengal	59.4	49.6	0.84	35.2	39.1	0.90	0.87
Gujarat	52.6	47.0	0.89	36.1	36.3	0.99	0.94
Maharashtra	54.6	49.3	0.90	33.5	36.2	0.93	0.92
Andhra Pradesh	55.6	50.9	0.92	30.8	33.5	0.92	0.92
Karnataka	55.1	49.2	0.89	33.9	35.5	0.95	0.92
Kerala	60.6	53.9	0.89	21.5	18.0	1.19	1.04
Tamil Nadu	58.4	50.6	0.87	27.1	28.4	0.95	0.91

Figure 4
Source: Tiwari (2013). Gender Inequality in Terms of Health and Nutrition in India: Evidence from National Family Health Survey-3

Table 2: Gender bias in Food Consumption in Adults.

States	Milk		Female/Male (I)	Pulses		Female/Male (II)	Fruits		Female/Male (III)	Fish/Chicken/Meet		Female/Male (IV)	Average of (I, II, III, IV)
	Male	Female		Male	Female		Male	Female		Male	Female		
India	67.2	55.4	0.82	90.7	89.5	0.99	47.4	39.8	0.84	40.9	35.4	0.87	0.88
Haryana	87.8	71.5	0.81	97.6	93.5	0.96	63.2	33.3	0.53	5.5	1.5	0.27	0.64
Punjab	85.7	70.7	0.82	98.6	85.0	0.86	71.5	37.6	0.53	20.1	4.3	0.21	0.61
Rajasthan	81.2	68.7	0.85	87.1	85.0	0.98	31.0	22.9	0.74	11.0	4.3	0.39	0.74
Madhya Pradesh	71.2	48.0	0.67	94.3	93.2	0.99	38.2	35.0	0.92	16.4	9.5	0.58	0.79
Uttar Pradesh	70.1	52.0	0.74	93.7	94.5	1.01	38.4	24.1	0.63	14.7	11.3	0.77	0.79
Bihar	66.4	57.8	0.87	95.9	95.9	1.00	30.8	34.1	1.11	27.6	18.3	0.66	0.91
Orissa	39.2	25.6	0.65	94.7	91.8	0.97	16.6	12.6	0.76	58.7	53.2	0.91	0.82
West Bengal	37.5	30.7	0.82	90.7	87.4	0.96	27.4	26.6	0.97	84.3	86.9	1.03	0.95
Gujarat	82.1	74.1	0.90	95.8	95.8	1.00	48.4	49.6	1.02	12.4	14.9	1.20	1.03
Maharashtra	63.6	53.4	0.84	95.7	92.6	0.97	59.7	55.9	0.94	48.4	33.1	0.68	0.86
Andhra Pradesh	83.9	69.0	0.82	95.7	96.5	1.01	56.0	47.6	0.85	69.5	67.4	0.97	0.91
Karnataka	90.4	87.4	0.97	98.8	98.4	1.00	74.9	70.4	0.94	45.9	38.2	0.83	0.93
Kerala	60.9	61.6	1.01	73.5	73.1	0.99	79.6	65.7	0.83	89.6	87.2	0.97	0.95
Tamil Nadu	77.7	65.8	0.85	56.9	57.9	1.02	78.8	59.6	0.76	66.1	58.9	0.89	0.88

Note: Percentage of person of age 15-49 consuming specific food at least once a week.

Figure 5
Source: Tiwari (2013). Gender Inequality in Terms of Health and Nutrition in India: Evidence from National Family Health Survey-3

Jose (2011) makes a case for the second criterion. According to Jose, physiological/reproductive factors, especially blood loss during menstruation and pregnancies, play an important role in the higher incidence of iron deficiency anaemia among adult women. More importantly, Jose notes that heavy menstrual blood loss also remains mostly untreated "due to cultural barriers or ignorance or both" (p. 99), thus positing it as one of the several physiological/reproductive factors responsible for some part of the gender gap in iron deficiency anaemia in India.

Way Forward

India launched the National Nutritional Anaemia Prophylaxis Programme (NNAPP) in 1970. Carried out through Primary Health Centres and sub-centres, NNAPP has as its target group children within 1-5 years, and pregnant and lactating mothers, who are provided with iron and folate supplements. However, it has been pointed out that effective implementation of NNAPP has been a challenge, as evidenced by the sluggish fall in anaemia indicators – that the distribution of iron tablets under this programme has not led to corresponding consumption.[5]

[5] Health Initiative, ORF. (2017, September 6). Investing in Human Capital: Towards an Anaemia Free India. *Doctor NDTV.* Retrieved from https://doctor.ndtv.com/nutrition/investing-in-human-capital-towards-an-anemia-free-india-1746770 on 6th November, 2017.

In 2015, the Ministry of Health and Family Welfare launched the Weekly Iron and Folic Acid Supplementation (WIFS) Programme to tackle anaemia amongst school-going adolescent girls and boys in 6th to 12th class enrolled in government/government aided/municipal schools. The programme includes administration of supervised weekly iron-folic acid supplements; screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility; biannual de-worming for control of helminthic infestation; and information and counselling for improving dietary intake and for taking actions for prevention of intestinal worm infestation.

Since severe anaemia is also associated with bacterial infection, access to sanitary facilities must be a part of a comprehensive anaemia control strategy. Reviewing the district level analysis of NFHS, the authors note that districts with less than 20% households with access to improved sanitation facilities saw 56% anaemia prevalence among pregnant women; while those with more than 80% households with improved facilities experienced a low 36% prevalence. Further, districts with higher open defecation and more women married under the age of 18 tend to experience higher proportion of pregnant women affected by anaemia.

The Health Initiative, ORF, notes that the battle against anaemia should be fought at two levels: first, anaemia control programmes must shift to a state-centric and state-led approach given the large inter-state variations; second, at grassroots level, teachers, school counsellors and frontline health workers must be specifically trained on this issue, given the central role that counselling plays.[6] Moreover, it highlights the need for an integrated multi-sector approach to tackling anaemia.

The authors note that under WIFS, Pondicherry has recently emerged as a better performing region with regards to anaemia in women and children. According to an evaluation paper on WIFS in rural Pondicherry, almost 85% of the students reported to consume four tablets of Iron folic acid (IFA) in the past 4 weeks (Dhikale et al., 2015). Significantly girls had better knowledge about symptoms of anaemia and iron-rich diet than boys. The paper describes several positive factors highlighted by students and key informants. These included an “improved sense of well-being;” “motivation by parents, teachers, and friends;” “heath education by the local medical officer and health staff;” “regular supply of tablets;” and “demand from private schools for IFA tablets” (2015: 1360).

The success of rural Pondicherry in tackling anaemia hints at the need for the effective decentralisation of healthcare – organised at the local, community level. Counsellors, teachers, community health volunteers, etc. can play a significant role in information dissemination, continued supervision, thus establishing a quality relationship between the patient and the healthcare provider. As a 2002 WHO report on non-communicable diseases and mental health notes, the quality of communication between the patient and the provider is known to affect health outcomes across a variety of chronic conditions.[7]

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[6] *Ibid.*

[7] Innovative Care for Chronic Conditions: Building Blocks of Action (2002). WHO Global Report. Retrieved from http://www.who.int/chp/knowledge/publications/iccc_ch2.pdf

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EQUALITY

Maternity Benefits for Women in the Unorganised Sector

iProbono, Youth ki Awaaz

The Unorganised Sector Workers Act, 2008 defines unorganised sector workers as those who are home-based, self-employed or wage workers in an enterprise with less than 10 employees. This Act mandates the Central government to formulate a health and maternity benefit scheme for workers covered by it. As women who are working in the unorganised sector are particularly vulnerable for working in harsh circumstances till the last days of their pregnancy which can cause complications. In response to this, many government came up with various initiatives, one of them was the Maternity Benefit Act of 1961. Introduced as the Indira Gandhi Matritva Sahyog Yojna (IGMSY) in 2010, it was implemented on a pilot basis in 52 districts. A major shortcoming of this act has been women employed in the unorganised sector are excluded under the act. Apart from this, the MBP is applicable to only the first live birth, whereas the latter covered first two live births.

Read More: https://www.youthkiawaaz.com/2017/10/maternity-benefits-for-women-in-the-unorganised-sector/

Date Accessed: 01.11.2017

Source: http://s1.firstpost.in/wp-content/uploads/2016/08/construction-jobs_380.jpg

First-ever Gender Vulnerability Index will give activists tangible parameters to tackle discrimination against Indian women

Deya Bhattacharya, Firstpost

The report on the first Gender Vulnerability Index in India released on November 1st has ranked Goa as the safest place for women and Bihar at lowest, indicating that its women and girls are the most vulnerable, least healthy and poorest amongst the 30 states. The results were computed on the basis four parameters, namely, - health, education, poverty and protection/safety from violence. The study is aimed at understanding the prevailing gender inequality and discrimination against women which impedes their growth in society and will assist policy makers in identifying policies focused on women empowerment. Plan India, which developed the report followed a lifecycle approach which means that it looks at vulnerabilities that a girl child might face from "womb to tomb, focusing on the challenges in each phase of life and how the impact carries on throughout their lives.The GVI is multidimensional and analyses more than 170 indicators, on which the data was available across all states. Apart from the broad indicators, it also highlights specific issues which are on the rise in India like spousal violence. One of the major drawbacks of the report is that it excludes transgenders from its scope, limiting itself to the gender binaries. It also excludes workplace violence. Since these are rising concerns for gender disparity, the report should attempt to incorporate these provisions as well.

Read more: http://www.firstpost.com/india/first-ever-gender-vulnerability-index-will-give-activists-tangible-parameters-to-tackle-discrimination-against-indian-women-4191207.html

Date Accessed: 13.11.2017

DEMOCRATIC PARTICIPATION

Gujarat tribal women steal the march in voting

Smitha R. DNA India

Tribal districts in Gujarat have frequently recorded high women voter turnouts in elections as compared to big cities like Ahmedabad and Rajkot. Usually the women turnout in these districts is more than men. This can be attributed to the high status of women in these societies despite their economic backwardness. The society is less patriarchal and women are not differentiated from men. This also makes them more aware of their rights and they exercise it without any hindrance from their male family members. This combined with a society that does not force its women to be secondary decision makers results in a high percentage of female voters. Unlike many parts of Gujarat were women are not entitled to be decision makers in households, tribal women enjoy the right of making her own decisions and even being heads of the family.

Read more: http://www.dnaindia.com/ahmedabad/report-gujarat-tribal-women-steal-the-march-in-voting-2556764

Date Accessed: 13.11.2017

Source: https://www.oneindia.com/img/2016/01/x25-1453709526-voters-show-their-voter-id-cards.jpg.pagespeed.ic.xmJ-q6nVfp.jpg

VIOLENCE AND SAFETY

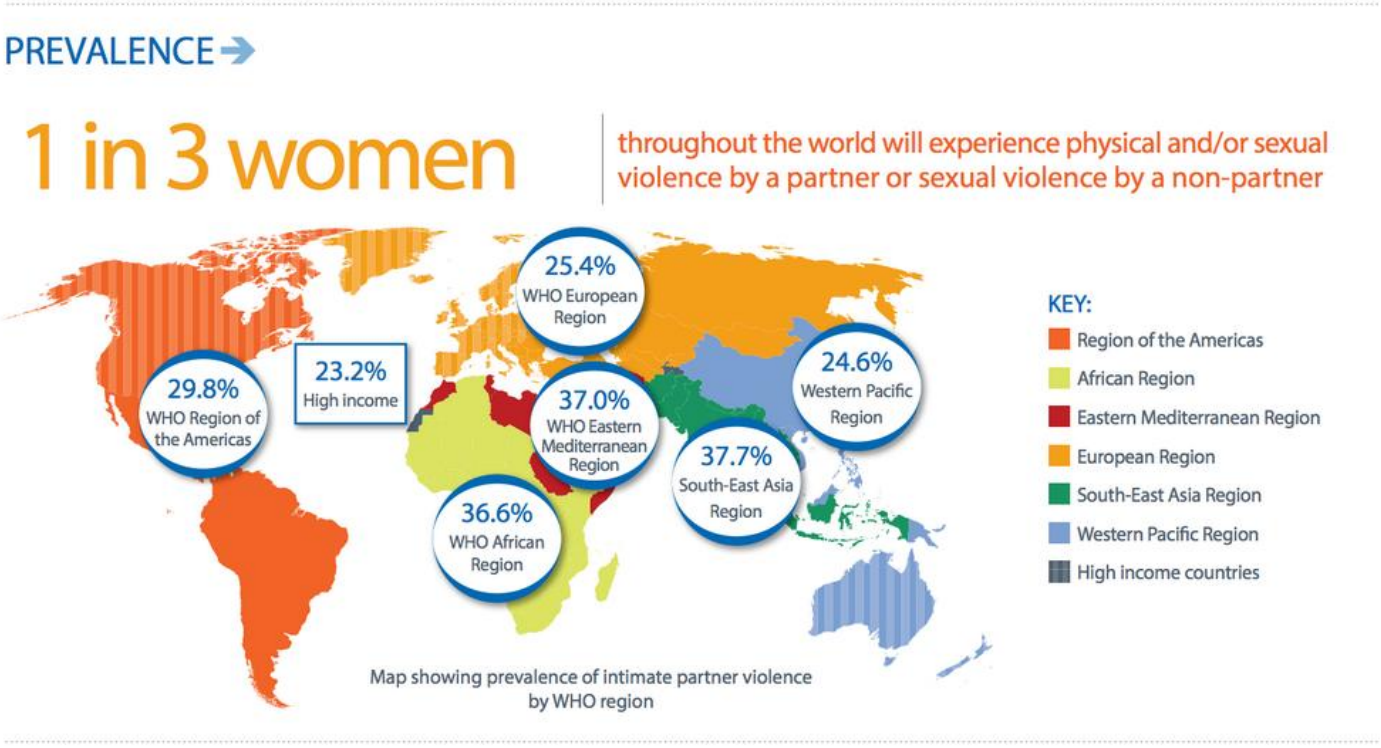
More women killed in gender violence than armed conflicts in parts of Asia: Expert

Thomson Reuters Foundation, The Indian Express

Gender-based violence is now one of the deadliest forms of violence in Asia that has killed more women than armed conflicts in some parts of the region. The study showed over 8,000 women were killed every year over dowry disputes – a figure far higher than the 278 who died in a Maoist rebellion in eastern India last year. Researcher Patrick Barron of the US-based non-profit The Asia Foundation said a two-year study on conflicts and violence revealed violence against women in Asia has greater – and more deadly – impacts than previously thought. A similar trend can be seen in Nepal, where gender-based violence has become the deadliest form of violence this year. "The problem is a lot of gender-based violence happens within households and because of cultural norms against reporting it, a lot of it goes unreported," he said. Barron said he hoped the findings will spur lawmakers into action to tackle the problem.

Read More: http://indianexpress.com/article/india/more-women-killed-in-gender-violence-than-armed-conflicts-in-parts-of-asia-expert-4889062/

Date Accessed: 31.10.2017



Source: https://tinarobiollemoul.files.wordpress.com/2013/07/screenshot028.jpg?w=640

ACCESS TO HEALTH AND EDUCATION

The Global Gender Gap Report 2017

PTI, The Hindu

The Global Gender Gap Index 2017 witnessed India drop 21 places to 108th behind neighbours China and Bangladesh. The main reasons cited are low economic participation of women and low wages. Globally the gap has widened in sectors like health, education, the workplace and political representation. The steady improvement of gender parity has been halted in 2017, as per the Report. However, a number of countries did not follow this trend as over one-half of all 144 countries measured this year have seen their score improve in the past 12 months. While Iceland continues to be the most gender equal country for 8 years now, India's main challenges have been identified as economic participation and health as well as political participation and professional and technical workforce. In terms of education, it has succeeded in fully closing its primary and secondary education enrolment gender gaps and for the first time has nearly closed its tertiary education gender gap.

Read more: http://www.thehindu.com/news/national/india-slips-21-slots-occupy-108th-rank-on-wef-gender-gap-index-2017/article19966894.ece

Date Accessed: 13.11.2017

rank		score
1. Iceland	AVG	0.878
2. Norway		0.830
3. Finland		0.823
4. Rwanda		0.822
5. Sweden		0.816
6. Nicaragua		0.814
7. Slovenia		0.805
8. Ireland		0.794
9. New Zealand		0.791
10. Philippines		0.790

Source: Global Gender Gap Report 2017, World Economic Forum
Note: *2017 rank out of 144 countries

Source: https://www.weforum.org/agenda/2017/11/the-gender-gap-actually-got-worse-in-2017/

ECONOMIC OPPORTUNITIES

The stories of the 37.4 million invisible and underpaid home-based workers in India

Janhavi Dave, Scroll.in

There are 37.4 million home-based workers in India who are contracted by a firm, individual trader, intermediaries or sub-contractors on a rate basis. They are largely employed in the manufacturing, and handloom industries spending six to eight hours a day stitching sleeves, sewing buttons, trimming threads, attaching drawstrings, and crafting embroidery. Despite constituting a large number in population and production wise, there is a serious lack of recognition of their work by companies, governments and society at large.According to a report prepared by prepared by LEARN Mahila Kamgar Sanghatana and SEWA Bharat, government policies like demonetisation and the introduction of the Goods and Services Tax have added to their existing woes. Workers reported reduced work, payment in old currency or non-payment for work done, increase in consumption of loans, reduced expenses on food consumption, clothing, education for children and increase in expenses of healthcare. However there are some grassroots organisations like SEWA who have now started to come together providing these women with skills training and help them move up the value chain, defying the roles of intermediaries.

Read More: https://scroll.in/magazine/854568/the-stories-of-the-37-4-million-invisible-and-underpaid-home-based-workers-in-india

Date Accessed: 31.10.2017

Source: https://scroll.in/magazine/854568/the-stories-of-the-37-4-million-invisible-and-underpaid-home-based-workers-in-india

OPINIONS

Gender bias behind bars: Why are there so few open prisons for women inmates?

Sharanya Gopinath, The Ladies Finger

The Supreme Court has recently encouraged the opening of more open prisons, following a case on the inhumane conditions in conventional prisons. These prisons allow prisoners to lead a normal life without being locked up. Some lawyers see this as a move not just towards less populated prisons but also as a move towards a rehabilitative system of justice. However, most is astonishing is the gender disparity in the occupants of these open prisons as the latest NCRB data on prisons in India from 2015 shows that of the 3,789 inmates in open prisons, only 109 are women. Out of the 63 open jails, only 4 accepts women. Officers and psychologists working with women inmates often point out the "different kinds of strains" in many women's criminality, many of which arises from retaliation after years of physical abuse. They often fall outside the conventional notions of cruelty and sometimes even reflect flaw in a patriarchal society than any criminal traits. Many women have nowhere to turn to when they've served their sentences. An economic exposure during their tenure in jail would enable them to earn money for themselves so that they are independent and not victims of ostracisation once they serve their sentence. It's also true that women face particular horrors in custody, from death and violence, men-tal and physical abuse, to sexual assault and other attacks. These experiences in a conventional prison system including exposure to hardened criminals might even drive them towards gang-related activities post their prison terms. Open prisons can change the nature of the justice system and it must be ensured that women are not excluded from this system because of gender discrimination.

Read more: http://www.firstpost.com/india/gender-bias-behind-bars-why-are-there-so-few-open-prisons-for-women-inmates-4119575.html

Date Accessed: 13.11.2017

Source: http://www.indiaspend.com/wp-content/uploads/prison_620.jpg

OPINIONS

Is India ready for gender neutral laws?

Sonakshi Awasthi, The Indian Express

In the light of the sexual abuse and murder of a 7 year old boy in Gurugram school and the Supreme Court raising the age of consent in the country, the plea has been made for gender neutral rape laws. Under gender-neutral laws, all genders are equal in the eyes of law, either by explicitly stating every gender in law or by making the language of law gender neutral. This would mean inclusive of transgenders in India's penal laws as recommended by the Justice Verma Committee. Although most of the western countries have gender neutral laws, scholars feel that Indian society is not prepared for it. It has been pointed out that violence against women in India is rampant and combined with deep seated patriarchy and gender disparity, implementation of such laws might be counterproductive. Lawyers too are of the opinion that law is to protect the marginalised and it should come to their aid first.

Read more: http://indianexpress.com/article/india/is-india-ready-for-gender-neutral-laws-4895122/

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What India's obesity problem has to do with its malnourished pregnant women

Priyanka Vora, Scroll.in

According to a new study from the Imperial College London and the World Health Organization one in every 50 children in India is obese. It is a disease that may be growing fast. "The prevalence of obesity was estimated at close to zero for girls and boys in 1975, so the proportional rise has been large," said Dr James Bentham from Imperial College London and one of the authors of the study. "A problem that was rare 40 years ago is now affecting approximately one in 50 children in India." After the issue of under nutrition among children linked to poverty and lack of access to nutritious food, as per the researchers, India has to now tackle both overweight and underweight children in the same poor communities, where families have the same limited of access to food and health services. According to Dr A Laxmaiah, head, division of community studies, National Institute of Nutrition in Hyderabad, under nutrition and obesity are linked by maternal malnutrition.

Read More: https://scroll.in/pulse/853774/what-india-s-obesity-problem-has-to-do-with-its-malnourished-pregnant-women

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