Nutrition, Health and Education in Early Years

Shreelata Rao Seshadri and Suraj Ankush Parab

Introduction

According to the World Health Organization, nutrition plays a fundamental role from the earliest stages of fetal development across the human lifespan. Nutritious food is essential not only for survival but contributes to the person's physical and mental well-being. In children, nutrition is pivotal. If a child is not given nutritious food from an early age it can have severe impact on its physical growth, cognitive ability and performance of the brain (Figure 1). A malnourished child is at a high risk for a wide range of health problems such as metabolic impairment, compromised immunity and developmental disorders, including attention-deficit-hyperactivity disorder (ADHD), dyslexia, dyspraxia and autistic spectrum disorders. Right nutrition can have a profound impact on a child's ability to grow, learn and rise out of poverty. It also benefits society, by boosting productivity and improving economic prospects for families and communities.

The vicious cycle of malnutrition, poor health and poor education can create inter-generational disadvantage. A malnourished, unhealthy and uneducated mother often gives birth to a child with low birth weight; the child after birth is not properly breast-fed, immunized, introduced to supplementary food on time or given sufficient quantity and good quality food; the child grows up in unhygienic conditions with poor water and sanitation facilities because of which the child is more likely to face repeated episodes of ill-health; this negatively impacts the child's ability to participate in the educational system, handicapping the child for life and leads to low productivity and poverty.

Malnutrition is the underlying cause of 2.3 million deaths worldwide every year, and for millions more children it contributes to failures in cognitive and educational development. As a result, the life chances of millions of children around the world are devastated. 19,000 children die every day from preventable diseases and 130 million students are in school but failing to learn even the basics. Malnutrition levels in India are among the highest in the world, twice the level of sub Saharan Africa and 6 times more than China. Among South Asian countries like Bangladesh, Pakistan, Sri Lanka, Nepal and Bhutan, India leads in the percentage of underweight (a child whose weight is too low for their age), stunted (a child who is too short for her age) and wasted (a child whose weight is too low for their height) children. As per the NFHS-3 data, in India 48% of children under the age of 5 are stunted, 43% underweight and 20% are wasted. Furthermore the figures are much higher in rural areas as compared to urban areas and for disadvantaged groups like schedule tribes, schedule caste and poor. An alarming 30% babies in India are born with low birth weight, which is double the prevalence of low birth in the world; 36% women are chronically under-nourished and 55% anemic.

Inter linkage between Nutrition, Health and Education:

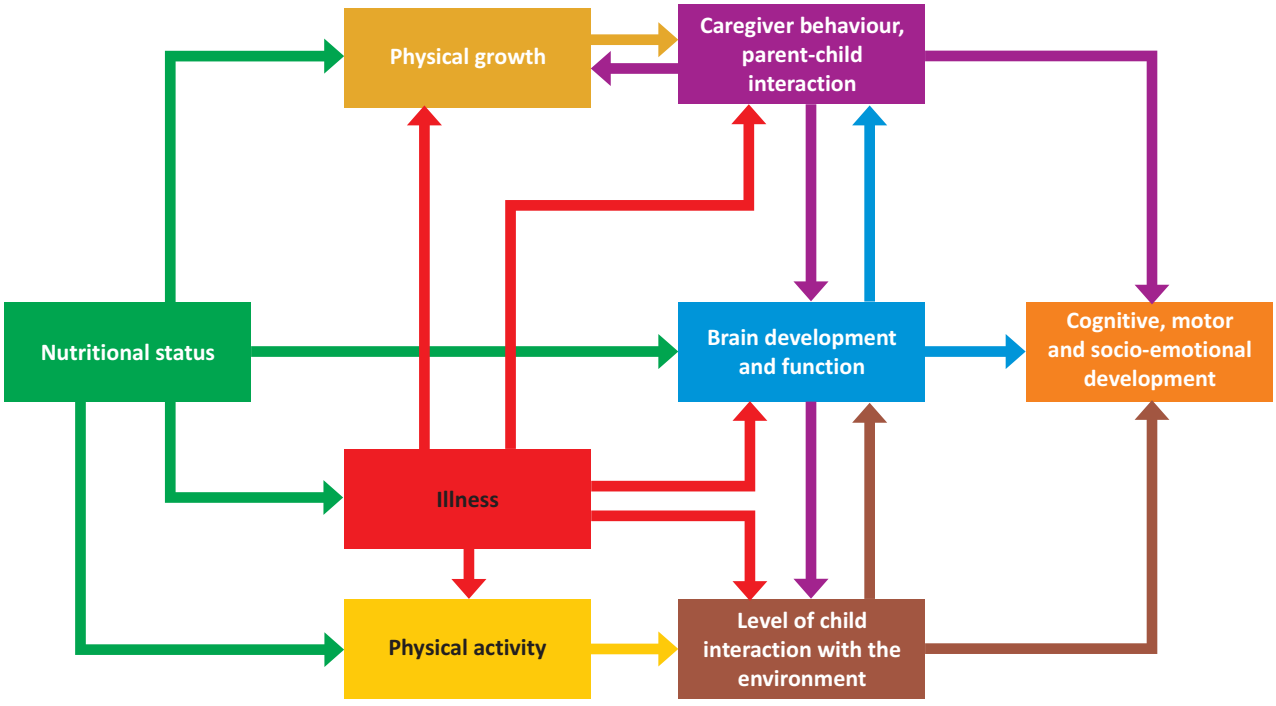
Nutrition, Health and Education are crucial for a child's holistic growth and development. They are often dealt with as different topics but we need to ask: are they so different from each other? Do they not all belong under the same umbrella – social protection? Are we not focusing on the same target - the child?

Nutrition, Health and Education are interlinked: malnourished children score 7% lower in math test and are 19% less likely to be able to read a simple sentence aged 8, are 12% less likely to be able to write a simple sentence and are 13% less likely to be in the appropriate grade for their age at school.

Recognizing the crucial interplay between health, nutrition and education, particularly in the context of schools, the UNESCO, UNICEF, WHO and the

World Bank launched the Focus Resources on Effective School Health (FRESH) School Health and Nutrition Framework in 2000 as part of a global initiative to integrate school health and nutrition into schools. Data from developing countries across the world showed that about 200 million school years were being lost every year due to ill health and poor nutrition.[1]

Figure 1:
Potential mechanisms for the effect of nutrient deficiency on children's cognitive, motor and socio-emotional development



Source: Elizabeth Prado and Kathryn Dewey (2012) Adapted from Levitsky& Barnes (1972) and Pollitt (1993)
www.savethechildchildren.org.ink Food for Thought

Programs in India:
India is a signatory of the Universal Declaration of Human Rights, 1948, the International Covenant on Economic, Social and Cultural Rights, 1966 and the Convention on the Rights of the Child (CRC), 1989. Apart from this, the government has supported the Right to Education, the Right to Food as well as a proposal for Universal Health Coverage. This has resulted in some progress: the net enrolment ratio in primary school has increased to 98.99%; however, the quality of education, and the ability of children to learn due to poor nutrition and health continue to be areas of concern. There are several loopholes in government policies, including poor availability of data and evidence, poor training and capacity building of workers, and poor inter-sectoral coordination among the concerned departments .

Several programs have been launched by Government of India to resolve the issue of malnutrition, better health and education of the children. The major 'centrally sponsored schemes' are:

Antyodaya Anna Yojana:
(A scheme of highly subsidized grain for the poorest of poor)

Eligible beneficiaries are identified and provided a supply of food grains .

Integrated Child Development Scheme:
(An integrated programme looking at health, nutrition and education of children under the age of six)

Pregnant women, lactating women and adolescent girls are also covered in this programme): Prescribed minimum norms for food are to be given

[1] Bundy D (2011).Rethinking School Health – A Key Component of Education for All.World Bank, Washington DC.

daily to children, adolescent girls, pregnant and lactating women. The scheme also directs that there should be an anganwadi (a childcare centre) in each settlement and all existing centres should be made fully functional immediately.

Midday Meal Scheme:
(School meal programme for children in government and aided primary schools)

All children in all government and government aided primary schools should be provided fresh cooked meals on all working days and for at least 200 days in a year.

Targeted Public Distribution Scheme
(A scheme for moderately subsidized grain for poor people)

Eligible beneficiaries are identified, ration cards provided and supply of grains made available monthly. The design and provisions of the scheme differ from state to state, but the objective is to provide foodgrains to the poorest households.

Even though government has taken many steps to enhance access to health services, better nutrition, and quality education, there have been several shortfalls in the implementation of the policies and programs. There have been many shortfalls in government's policies and implementation of these programs. The schemes needs to be strengthened, investment should be increased, made accessible to each and every one, and ANMs, ASHAs and Anganwadi workers need to be strengthened with better compensation, training and infrastructure.

There is also a need to strengthen the Primary Health Centres, recruit teachers and give proper training for quality education for all.

Conclusion:
In the final analysis, all these programs are aimed at the same beneficiaries. At the level of the community, the programs are delivered through the schools, the health sub-centers/primary health centers, and the Anganwadi. Each of these centers has its own infrastructure and community workers, apart from other paraphernalia. If these community level people and structures could work together and have a common mission in terms of their pool of beneficiaries, their reach and impact could be multiplied many fold. At the moment, unfortunately, each program works in its own separate silo, with little engagement with the concerns of the other. Bridging these barriers should be one of the goals for which we strive.

References

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Shreelata is part of the Health, Nutrition and Development Initiative at the Azim Premji University, and her research interests include health systems development and the linkage between health, nutrition and education. She is leading a study on the determinants of dietary choice and nutritional outcomes among school children in rural Karnataka. She is also interested in the use of evidence in health sector decision making; providing policy guidance on the most cost-effective strategies to reduce avertable death and disability; and transparency and governance issues in the health sector. She has contributed to the development and writing of the Karnataka Health Status Report (November 2010) and will continue to be involved in the implementation of its recommendations. She can be contacted at shreelata.seshadri@azimpremjifoundation.org

Suraj joined the Health, Nutrition and Development Initiative at Azim Premji University as Research Coordinator in November, 2013. He holds a Master of Arts degree in Economics from Goa University, Goa. Prior to joining Azim Premji University, he had been working for Sangath, a leading mental health research NGO in India for seven years as a Researcher and Coordinator for several school health projects. Suraj has a vast experience in program coordination, qualitative and quantitative data collection and analysis, data management and monitoring and evaluation of complex health care interventions. He can be contacted at suraj.parab@azimpremjifoundation.org