

Nitika Khaitan, 13 years
Convent of Jesus and Mary

Calling India a land of contradictions is rather clichéd, but clichés are clichés because they are true. Where else will you find a country with futuristic urban areas and villages that Father Time forgot? Or whose nouveaux riches thrive on fast food but whose rural population still fights to eat food?

Obesity and malnutrition are grave issues relevant to India, but deciding the graver one comes down to simple logic – not only does obesity affect a smaller richer section of society, obese people are obese because of the lifestyle they choose to lead but malnourished people cannot simply choose to become healthy.

Imagine a SC family, living in a village deep in Madhya Pradesh, where under-5 malnutrition levels are highest. The family's patriarch, a bonded labourer, earns daily wages like 35% of the 45 million rural households in India and buys food on a daily basis. His wages rarely go up with food prices compelling his malnourished family to eat less.

His wife works as much as he does but eats last (therefore, the least) because she considers him to be the real bread earner. She is anaemic like 60% of all Indian women. She ate less nutritious food while pregnant because her elders told her that otherwise, her foetus would stick to her womb. Both are undernourished like the 212 million in India and their undernutrition (protein-energy malnutrition) not only contributes to 22% of India's disease burden, it also contributes to the \$2.5 billion lost annually in productivity.

Their girl child was born underweight, like 60% of all other births in India. The girl, now 2, is entitled to 80g of food a day from her village's government nutrition (anganwadi) centre, but the workers either don't show up or give food only to upper-caste children. She is underweight like 47% of all Indian kids (60 million), a figure double even that of famine-stricken Sub-Saharan Africa. She is anaemic like 80% of all under-3 children; her cognitive and motor development is retarded and she is more vulnerable to disease. This may be responsible for her death, like it is for 50% of all child deaths, or for the 6000 children below 5 who die every day.

Behind every statistic lie stories of deep pathos, of possible Nobel laureates lost, of helpless families driven to despair. This isn't for lack of willpower (UNICEF says, 'India has sustained the greatest effort in history to improve nutritional standards.'). capacity (Amartya Sen in his book, 'The Argumentative Indian' points out that India simultaneously has the worst undernourishment and the largest unused food stocks in the world – enough to give every BPL family a tonne of grain) or money (India's Integrated Child Development Services (ICDS) is worth 45 billion rupees). Malnutrition, entwined with caste, poverty, government corruption etc., cannot be eradicated without the above being tackled or the ICDS bridging the gap between its intentions and implementation.



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Obesity must not be neglected but it is malnutrition that is the much more pressing concern for India today.