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CHILD SURVIVAL HEALTH AND NUTRITION.

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On of the arguments against the present policy of population control is that it will not be successful as long as there is no substantial reduction in infant and child mortality. The present day emphasis on oral rehydration therapy and universal immunisation which are part of the GOBI project of the WHO, is a response to this realisation. Although these may reduce the mortality rates, they cannot or may not bring about any significant change in the nutritional status of the children. As is well known, poverty is one of the main reasons for the extensive magnitude of undernutrition in the country. While supplementary feeding programmes may help tide over a crisis, in the ultimate analysis, an overall economic upliftment is needed.

Rural development programmes are meant primarily to improve the ecnomy of the villages. They are planned to improve the economic status of the poor and the landless in the villages. It is generally assumed that an improved economic status of the family will result in better food intakes and therefore the nutritional status of the family members. To what extent is this true, and to what extent are the children benefited, needs to be examined.

Punjab and Haryana are held out as outstanding examples of the success of the green revolution. A look at the countryside reveals the Statues' prosperity and these states are considered to be among the well-developed regions of the country. However, the infant and toddler mortality in this region is still very high (117 and 12 respectively; the IMR is almost similar to the national average). Going into the reasons for this, Betty Cowan[1] has the following observations to make:

1) The benefits of development were being enjoyed by approximately two-thirds of the village. These are landowners, do not belong to the Scheduled Castes and have a high rate of literacy.

2) Development, nonetheless, improved the work opportunities, income and amount of food consumed by the poor, landless failies. But it also brought about certain undesirable consequences.

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3) With introduction of high-milk yielding (HMY) buffaloes the work of the women of the poor household increased. Previously, whatever milk was available was used for family consumption. With better transport facilities and increased opportunity for selling milk, there was not enough left at home. Whatever remained was just enough for family tea.

4) Women got more job opportunities. As a result the time they could devote for child care and also for breast feeding, decreased. An additional observation was that more female children (50% of those below 24 months) suffered from severe degrees of malnutrition than male children, 20%. However this sex difference is not unique because as mentioned in another paper, generally more female children suffer from malnutrition.

Another significant aspect is that a mother could easily carry a young infant to work with her, whereas a three-year old would wander and enter any house in the neighbourhood. It is theseven to twenty four month old child who had to be left with an older sibling, or even left alone outside the house in some cases. This could account for the higher IMR, and high malnutrition and mortality among toddlers.

5) The HMY buffaloes need more fooder. The women of the poor households walked long distances to bring fodder and sell it to the richer households. Women continued this work even in late pregnancy. Consequently there was a greater incidence of premature births, which contributed to the high IMR.

6) The hope that an increased income will naturally lead to better food intakes does not always hold good. Other studies show that increased income of the male members leads to increased alcohol intake and purchase of consumer goods (e.g. transistors, wrist watches etc.) With the Government itself encouraging alcohol sale and consumerism, this is, one supposes, inevitable.

Despite all this, according to Gopalan[2] the incidence of malnutrition among 1-5 year olds is less in Punjab compared to some other States. That is, those who survived the vulnerable period of infancy, appeared to be nutritionally better off.

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In contrast to Pubjab is Kerala - a comparatively poor state (whether and to what extent the recent inflow of Gulf money has improved the State's economy, I do not know). However, Kerala has a very low IMR, the lowest in India[3]. It also has a low death rate, a low child mortality rate and a low birth rate. However the incidence of under-five malnutrition is not lower than in Punjab[2]. This is because in Kerala food intakes are very low, one of the lowest in the country. The body weights and heights of the children are lower than in Punjab, and similar to that seen in U.P. -a very backward state.

Kerala has a fairly good and well -spread out health services. It also has a good road transport system. In addition, it has a very high female literacy rate (the difference between male and female literacy rates is extremely small here). It is believed that the mothers may therefore seek medical treatment early and utilise the health services better here (This is a conjecture and needs to be scientifically validated). This may explain the low IMR and child mortality in Kerala. However due to poverty, (percent below poverty line in Kerala, Punjab and U.P. are about 47, 15 and 50 respectively), food intakes continue to be low.

Gopalan suggests that while the improved economic status in Punjab resulted in a better child nutrition, the low female literacy rate may have prevented a reduction in IMR and child mortality. The exactlyopposite factors might be the cause for the opposite findings in Kerala. He warns that during the transitional development stage, child survival should not be equated with good child nutrition. A situation like that in Kerala would mean survival of a larger number of undernourished individuals, of people with small body size. Therefore any programme, such as GOBI, aimed at proved child survival should not be carried out in isolation, but along with programmes aimed at improving the nutrition of the child. Programmes for 'child survival' are being planned with a view

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to bring about a reduction in birth rate and therefore the inherent dangers in such schemes need to be taken cognizance of by all concerned people.

References

1. Cowan, B. NFI Bulletin, October 1982.
2. Gopalan C. NFI Bulletin, January 1984.
3. Jaya Rao, K.S. In Under the Lens, pp. 183-192 Anthology III, MFC, 1986.