

11.0. Summary and Conclusions

Data reviewed so far suggest that in India there has not been much change in the predominantly cereal based dietary intakes over the last three decades except among affluent segments of population. In spite of increasing per capita income and reduction in poverty, dietary diversity is seen mainly among affluent. Under-nutrition rates remained high. The high under-nutrition rate begins in-utero, gets aggravated in infancy due to poor infant feeding practices and is perpetuated in childhood due to poor intra-family distribution of food and poor access to health care. There has been substantial reduction in severe under-nutrition, which is mainly due to improved access to health care. The country can achieve substantial improvement in nutritional status through health and nutritional education and improved access to health and nutrition services.

Prevention of intrauterine growth retardation through antenatal care, early detection and correction of under-nutrition so that children attain appropriate weight for their height are essential to promote linear growth; this can be achieved through effective implementation of ongoing intervention programmes utilizing the available infrastructure.

Low intake of vegetables and fruits, poor bioavailability of iron, and lack of universal use of iodised salt are responsible for micronutrient deficiencies being major public health problems even to day. Dietary diversification, better coverage under the national anaemia control programme, massive dose vitamin A administration, universal access to iodised and later iron and iodine fortified salt are some of the interventions that could help the country to achieve rapid reduction in micronutrient deficiencies.

Over the last decade there has been a progressive increase in over nutrition. Reduction of physical activity is the major factor behind the progressive increase in over-nutrition. In the urban affluent segments an increase in energy intake from fats, refined cereals and sugar and simultaneous reduction in physical activity have contributed to steep increase in over nutrition in all age groups. Nutrition education that children, adolescents and adults should eat balanced diet with just adequate energy intake and lots of vegetables and health education that exercise has to become a part of daily routine to promote muscle and bone health as well as prevent development of adiposity in all age groups have to be beamed regularly through all channels of communication. As this segment accesses information and services readily, they can be persuaded to change their life styles so that they regain their normal weight and health. The fact that they have changed could stimulate the other segments to follow suit.

Indians appears to have a predisposition for adiposity especially abdominal, insulin resistance and diabetes, hyper-triglyceridaemia and cardiovascular diseases. This predisposition could be genetic or environmental; it can manifest itself at birth, in childhood, during adolescence and in adult life. It is never too early for Indians to start practicing healthy lifestyle and dietary habits.

It would therefore appear that India could combat the dual nutrition burden through efficient implementation of time tested, effective and inexpensive interventions to achieve significant reduction in both over and under nutrition and their adverse health consequences within the next two decades.