



**Title :** Nutrition Trends among Adolescent Girls and Children in India: Analysis of the Third National Family Health Survey and Rapid Nutrition Survey on Children, 2005-06 To 2013-14

**Author(s) :** Saba Mebrahtu

**Mailing Address :** Chief, Child Development and Nutrition Section, United Nations Children's Fund, New Delhi, India

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**Background:**

Undernutrition in India is significant, with 38.7 percent of children under five stunted, and 36.7 percent of adolescent girls aged 15-18 underweight in 2013-14. Renewed efforts to further reduce undernutrition require understanding of trends and possible causes.

**Objective:**

This study aimed to examine nutrition of adolescent girls and children in India (2005-6 to 2013-14), for prioritizing and targeting of interventions; results will to help inform future nutrition related program policy decisions for accelerated improvement.

**Methodology:**

Trends analysis of selected key nutrition indicators included in the third National Family Health Survey (NFHS3) and Rapid Survey on Children (RSOC) was undertaken for children aged 0-59 months and adolescent girls 15-18 years of age.

**Results:**

National improvement in child stunting was substantial; the annual rate of decline in stunting during this eight-year period was 2.4 per cent per year, representing almost a doubling of the rate of decline compared with the period 1999 to 2006. However, it is still below the decline rate required to meet the 2012 World Health Assembly (WHA) target for stunting reduction by 2025. Stunting declined at a more rapid rate (2.7 per cent per year) among the most disadvantaged population groups – scheduled tribes and scheduled castes, though stunting prevalence still remained higher (above 40 per cent) as compared to the national average. Child wasting declined by 3 per cent per year; similarly, the rate of decline in wasting was higher among scheduled tribes (4 per cent per year) and scheduled castes (3.3 per cent per year), though prevalence of wasting among both was also higher than the national average, at 18.7 per cent and 15.5 per cent, respectively.

Improvements in access to key nutrition-specific and nutrition-sensitive interventions is most likely to have contributed to the national level progress in reducing child undernutrition. Early breastfeeding initiation increased by 82 per cent over the past eight years (from 24.5 per cent in 2005-06 to 44.6 per cent in 2013-14), and exclusive breastfeeding rate improved by 40 per cent (from 46.4 per cent to 64.9 per cent over the same period). While, household access to adequately iodized salt rose by 32 per cent (from 51.1 per cent to 67.4 per cent). Progress was seen in bringing down early marriage in women, which declined by 29 per cent (from 42.9 per cent to 30.3 per cent). But, only 19.9 per cent of children (6-23 months) received optimum quality of complementary foods (in terms of minimum diversity), and under-nutrition among adolescent girls still remained high at 44.6 per cent. Plus, there was limited improvements on use of improved sanitation, 45.5 per cent of households still defecated in the open.

**Conclusion:**

Child stunting and wasting in India decreased substantially from 2005-06 to 2013-14, both nationally and within the most disadvantaged population groups. Improved access to key nutrition-specific and nutrition-sensitive interventions are important for reducing child undernutrition. Improvements in optimal breastfeeding practices, access to essential micro-nutrients and essential health care, and delayed marriage are most likely to have driven enhancement of child nutrition. Continued targeting of interventions by caste/ethnic group is indicated. Concerted efforts are required to accelerate progress on improving complementary feeding for young children, enhancing nutrition of adolescent girls and women during

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pregnancy and lactation, and ending open defecation.

Future in-depth analysis of the determinants of under-nutrition among adolescent girls and children would be beneficial for further recommendations on prioritization and targeting of nutrition-specific and nutrition sensitive-interventions.