

# Why Worry About the Politics of Childhood Undernutrition?

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**Summary.** — Undernutrition affects over 2 billion people; but most of the global policy focus has been on technical solutions rather than an understanding of nutrition politics. This paper reviews existing literature on nutrition politics and policy. We identify a number of recurring themes surrounding knowledge; politics, and capacities. While the literature on nutrition politics and policy is growing; we demonstrate how there are a number of gaps in our understanding that might be addressed from wider development scholarship on politics and related issues such as power and the state, participation, and accountability.

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## 1. INTRODUCTION

Undernutrition affects over 2 billion people. Stunting (short height for a child's age) is a marker of profound physiological and cognitive deprivation that affects 165 million children under five years of age. To date, most of the energy devoted to addressing undernutrition has largely been focused on technical solutions. We argue in this paper for a more politically aware approach to nutrition, that in turn requires an understanding of the political economy of nutrition-relevant determinants, actions, and inactions.

The paper builds on a review carried out for a companion paper (Gillespie, Haddad, Mannar, Menon, & Nisbett, 2013) which considered the relevance of this literature for moving toward concerted action at both global and country levels. This paper aims to do three things not fully covered in (Gillespie *et al.*, 2013). First, it aims to introduce a wider readership to the political nature of undernutrition's causes and consequences. Second, the paper reviews the literature on the politics and processes of nutrition policy making and implementation. Finally, the paper attempts to identify priority research gaps in this literature that can be best filled by a coming together of the nutrition and wider development research communities.

The paper is structured accordingly. The first section briefly reviews the basics of undernutrition for a readership outside the discipline and considers definitions, concepts, distribution, trends, and consequences. A second section justifies the focus on the political economy of nutrition and highlights the potential value of a deeper understanding of current global politics and narratives surrounding undernutrition reduction. The third section reviews the small but focused literature on the political economy of nutrition and summarizes key themes that emerge and how they resonate with the thinking of national and global actors. The fourth section extends this analysis by looking into the broader development literature on power and accountability that we argue is relevant to help us make progress on reducing undernutrition, highlighting how this literature can help address some of the country-level issues. Finally we highlight areas and issues that we find to be priorities of future research, and new opportunities generated for action against undernutrition by thinking more politically.

## 2. THE NATURE OF UNDERNUTRITION AND ITS IMMEDIATE AND UNDERLYING DRIVERS

Undernourished children are more likely to die young and are more susceptible to disease; will suffer stunted physical and mental capability throughout their lives; will do worse in school, and earn less in adult life; and will be more susceptible to non-communicable diseases in adulthood (Bhutta, 2013; Haddad, 2013; Hoddinott *et al.*, 2011; Martorell, 1996; Martorell *et al.*, 2010). Babies born to undernourished mothers are also significantly at risk of fetal growth restriction and death – girls that survive are likely to remain stunted through childhood and adolescence and to transmit their poor nutritional status to the next generation (Black *et al.*, 2013; Harris, 2014). Far from being a spectre of the past, undernutrition is now estimated to be the underlying factor in 45% of all deaths in children under five (Black *et al.*, 2013, p. 18).

When viewed in terms of its scale of impact, persistence in the face of wider economic growth, and inter-relatedness to nearly all aspects of poverty and development, it is remarkable that so little global attention and development effort has been expended, to date, on tackling childhood undernutrition. Development spending on nutrition is hard to track, but in a recent estimate spending on direct nutrition interventions accounted for just 0.4% of Official Development Assistance (ODA) – or \$418 million – dwarfed by spending on development

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and humanitarian food aid of \$4.1 billion ([Development Initiatives, 2013](#)). Recent political attention and further commitments by governments to nutrition spending<sup>1</sup> go some way to addressing this attention and funding deficit, but considered over the span of the past 30 years, the wider political causes and consequences of childhood undernutrition appear to have been neglected or worse, systematically ignored.

Globally, it is estimated that around 25% of all children in Low and Middle Income Countries (LMICs) (equating to 165 million children) are permanently stunted in their physical growth and cognitive development, compared to 40% in 1990.<sup>2</sup> Global wasting<sup>3</sup> prevalence has reduced in this time from 9% to 8% and underweight rates from 25% to around 16% of all children ([Figure 1](#) maps global prevalence). What on first glance seem positive reductions hide a number of significant regional disparities and concentrations: Stunting rates in East Africa are 42%, 35% in South-Central Asia, and it is currently estimated that 90% of all stunted children reside in just 34 countries. Crucially, these declines are far off targets to end malnutrition in the current generation – it has been estimated that current rates will only bring us half way to meet the World Health Assembly’s newly agreed target committing governments to reduce stunting by 40% (from 2010 levels) by 2025 ([Black et al., 2013:31](#)).

The key conceptual framework for understanding the causes of, and potential responses to, undernutrition remains that of [UNICEF \(1990\)](#), updated for the new Lancet series on undernutrition ([Figure 2](#)). The framework shows how nutritional status is driven by various interacting factors and processes which play out at different levels and over different time spans.

At an *immediate* level, an individual’s dietary intake and her/his health status are paramount. Non-nutritionists often make a critical error in assuming that adequate food is sufficient to prevent and treat childhood nutrition. As we examine in later sections of this paper, many of the dominant narratives on nutrition in development stem from this premise. A diet which is adequate in quantity (calories) and quality (nutrients) is necessary *but in itself not sufficient* to ensure adequate

nutrition; a child weakened by ill-health and disease (e.g., diarrhea) will not absorb sufficient nutrients, however adequate the food provided.<sup>4</sup> Malnutrition in turn will make a child more susceptible to infection. At an immediate level, these two critical determinants – dietary intake and health status – thus interact in a virtuous or vicious cycle.

Another key dimension of nutrition is the life cycle. If a child born to a malnourished mother has a low birth weight she is effectively undernourished at birth, with a significantly higher risk of developmental and health problems throughout childhood and into adult life. She will also be at greater risk of dying in infancy. Significant growth failure in this period will have irreversible consequences for the child in later life ([Harris, 2014; Hoddinott et al., 2011](#)). These lifecycle aspects mean that undernutrition is not only one of the key physical manifestations of poverty, but is also one of the key mechanisms by which poverty – and its consequences – are transmitted intergenerationally.

At the *underlying* causal level, three drivers – summarized as “food, health and care” – condition interactions at the immediate level described above. Household food security relates to a household’s access to sufficient quantity and quality of food. Caring capacity and practices include breastfeeding and complementary feeding throughout early childhood, preventive health practices (e.g., vaccination) and the seeking of treatment for the signs of undernutrition and other diseases. And finally, the wider health environment – including access to clean water, adequate sanitation, and the availability of a health system through which basic health services may be accessed- all determine the setting in which the immediate determinants of nutrition operate.

Considering the key public health or development responses, there is now ample evidence for the effectiveness of nutrition-specific or ‘direct’ nutrition interventions which target these immediate or some of the more proximate underlying determinants. Interventions range from community support for breastfeeding to fortifying or supplementing staples with micronutrients which, if scaled up significantly to around

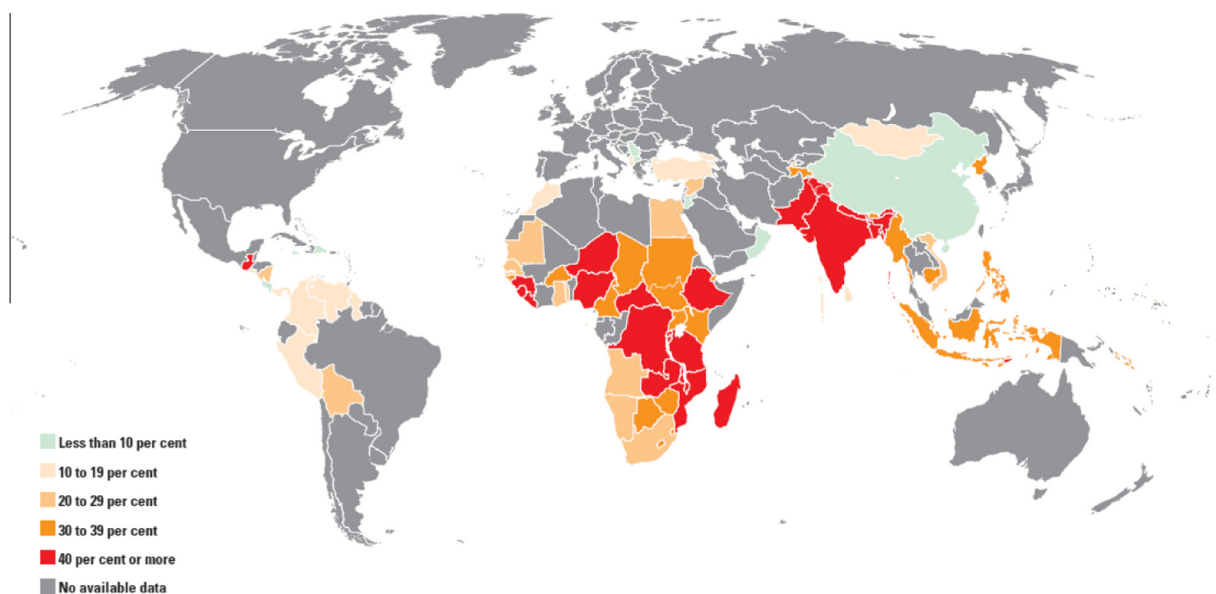


Figure 1. Global stunting prevalence – percentage of children under age 5 who are moderately or severely stunted. Reproduced with permission: ([UNICEF, 2012](#)). UNICEF Global Nutrition Database 2012, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national surveys.

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