

Dietary Data Gap in India: Impact on Product Development & Policies

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WHY IS IT SO IMPORTANT TO HAVE DIETARY DATA ANYWAYS?

- We have come this far anyways- with or without data
- We have all the policies in place
- We have managed to develop/fortify/claim products!
- We have a lot of biochemical, physiological, anthropometric data available so to have a little less/insufficient dietary data is OK!

IS IT REALLY THAT BIG A DEAL?

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The Good News First!



Average income of an Indian rose by 4.7% average annual (1990-2014)



Crop yields (kg/hectare) rose by 2.3 average annual (1990-2014)



3.5% Growth rate of agriculture (2007-2012)



14 million fewer stunted and 7 million fewer children wasted (2006 to 2014)

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The Facts!



Global: **1 in 4 children** or 156 million children

India: 40 million children; 39% (India health report nutrition, 2015); 48% in 2006 NFHS



Global: **1 in 13 children** or 50 million children

India: 17 million children; 15% (India health report nutrition, 2015); 20% in 2006 NFHS

Stunting

The global trend in **stunting** prevalence and numbers of children affected is **decreasing...**

! ...but not fast enough.

Wasting

In 2014, the global **wasting** rate was **7.5 per cent.**

Globally, **50 million** children under 5 were wasted, of which **16 million** were **severely wasted** in 2014.

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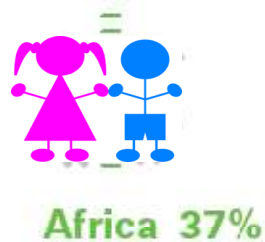


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But Still!!!

In 2014, more than half of all stunted children under 5 lived in Asia and more than one third lived in Africa.

In 2014, almost all wasted children under 5 lived in Asia and Africa.



20 X

% of children under 5 who are underweight in India as how it should be!

INDIA
ENIGMA!!

9X

% of children under 5 who are wasted in India as how it should be!

India's stunting problem represents the largest loss of human potential in any country in human history!

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TO ADD A LITTLE MORE!!



18.6%

Children under 3 years who have low birth weight (<2.5 kgs)¹



69.5% Children 6-59 months old with anemia^{2*1}



64.9%

Infants 0-5 months old who are exclusively breastfed¹



50.5%

Infants 6-8 months old who receive solid, semi-solid or soft foods¹

19.9%

Infants & young children 6-23 months old who achieve minimal diet diversity in complementary feeding¹

45% of child deaths linked to undernutrition.



41 million overweight children in the world;
10 million more than 20 years back!

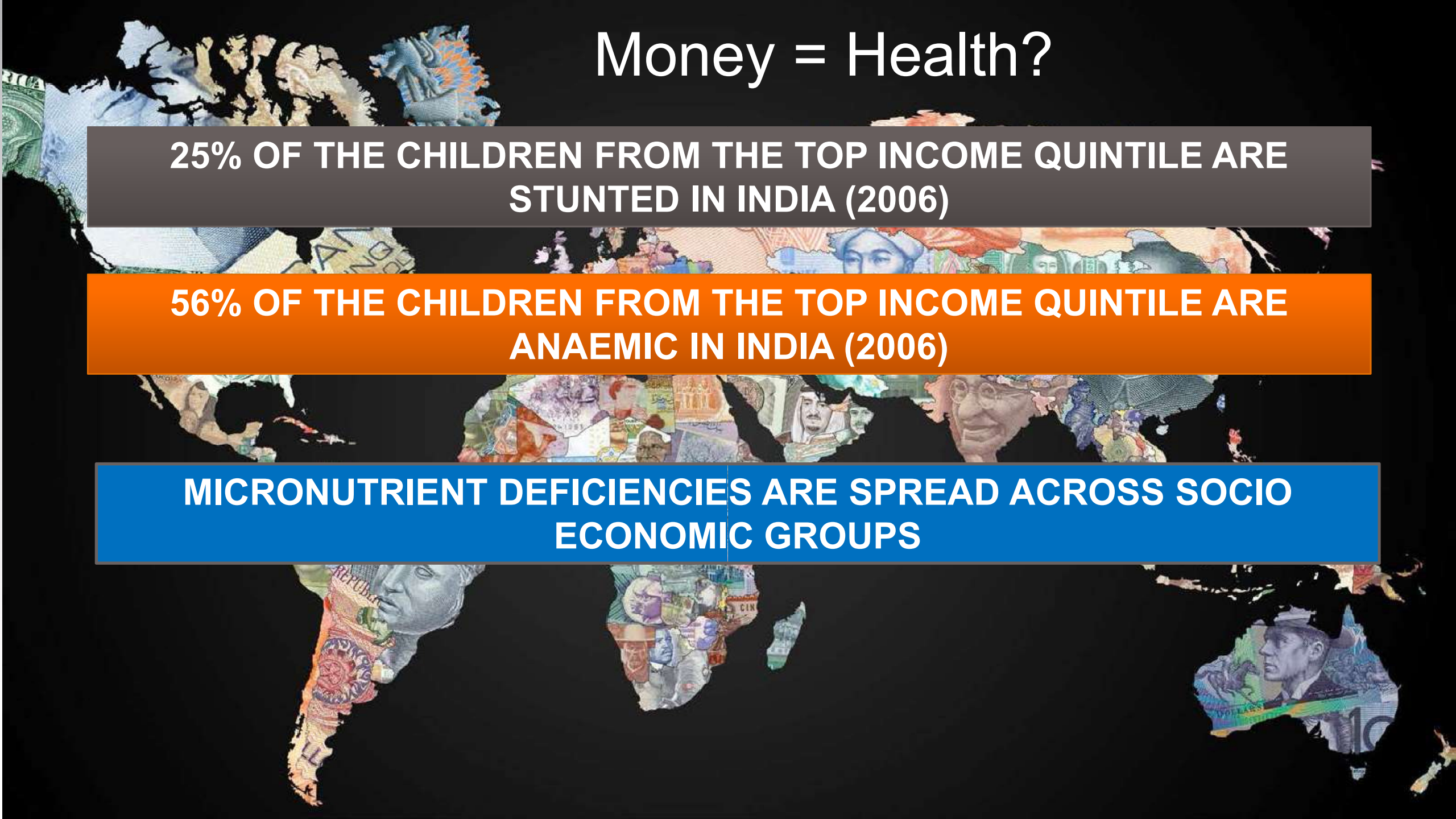
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Money = Health?



25% OF THE CHILDREN FROM THE TOP INCOME QUINTILE ARE STUNTED IN INDIA (2006)

56% OF THE CHILDREN FROM THE TOP INCOME QUINTILE ARE ANAEMIC IN INDIA (2006)

MICRONUTRIENT DEFICIENCIES ARE SPREAD ACROSS SOCIO ECONOMIC GROUPS

Why do we need to be bothered about MALNUTRITION??



- Reduced school attendance
- Compromised cognitive development
- Economic Loss
- Loss of human potential



- Early onset of health issues
- Lower physical stamina /fitness levels
- Impaired emotional development (confidence levels)
- Loss of human potential

1 SD decrease in conditional height @ 2yrs= 0.5 yrs of schooling loss
= 5% annual decrease in income

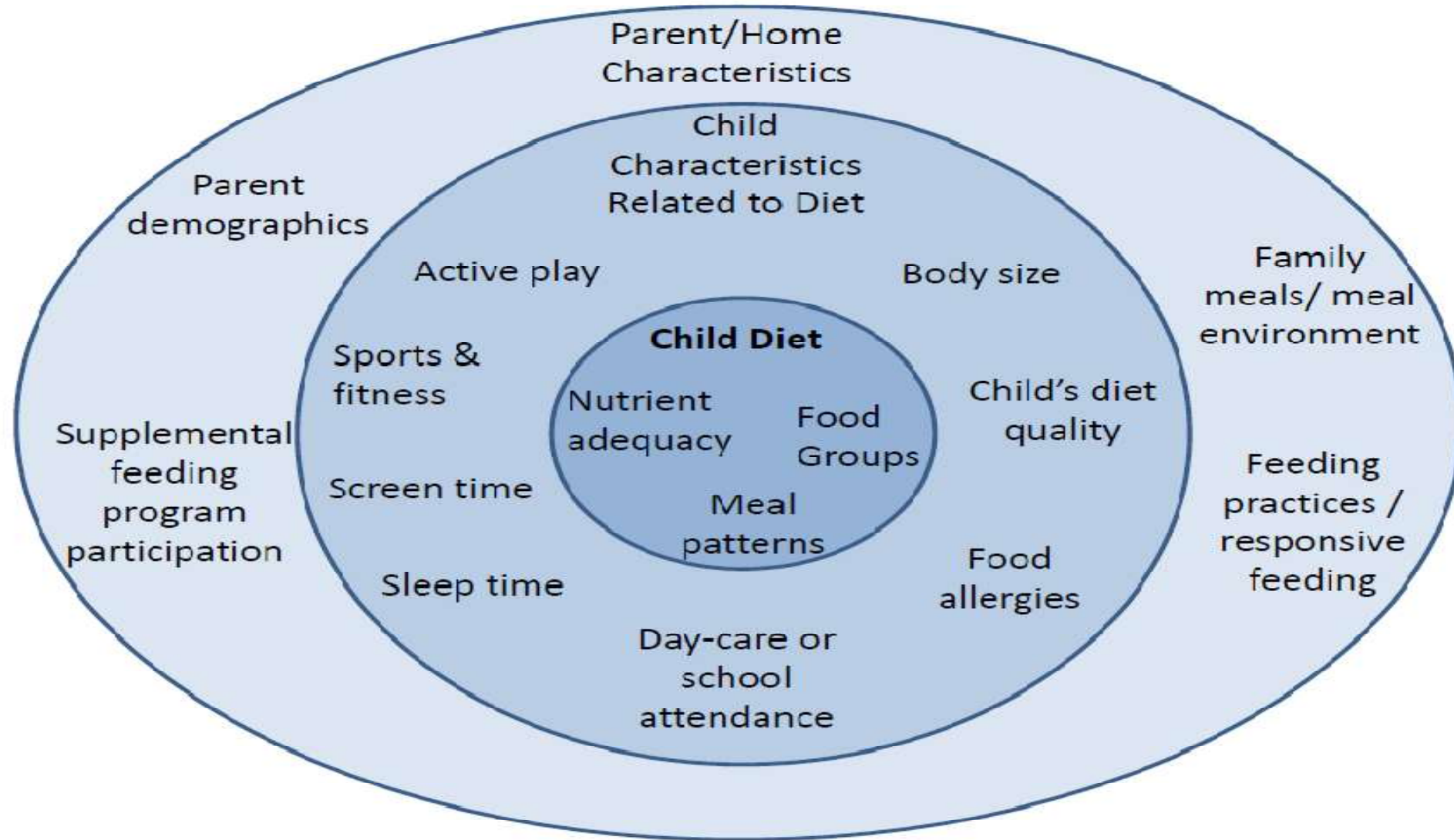
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Diet, Eating Behaviors and Lifestyle



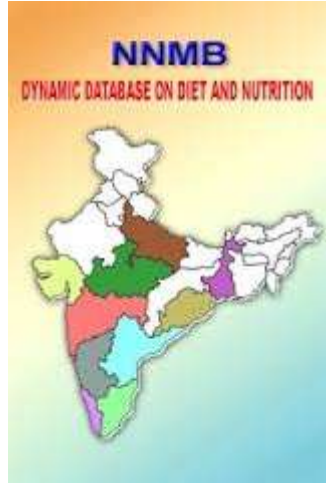
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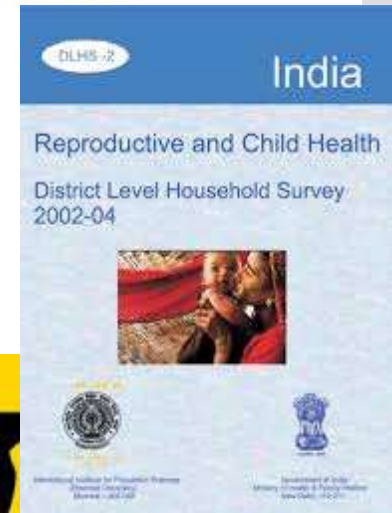


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What Tools & Data do we have today?



World Health Organization



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WHY DO WE NEED DIETARY DATA?



DATA

- Data to be available
- Right data to be available
- Constant upgradation of the data which is available



KNOWLEDGE

- Right Interpretation
- Minimum grey areas / scope of misleading cases



ACTION

- Absolute backbone for any strategic decision making process.
- Unified approach established by the Govt and supported by all relevant stakeholders

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Global Priority Topics

Dietary Intake

Nutrient Intakes,
Food Groups Consumed,
Food Sources of Nutrients



Eating Behaviors

Meal Patterns,
Snacking Habits



Lifestyle

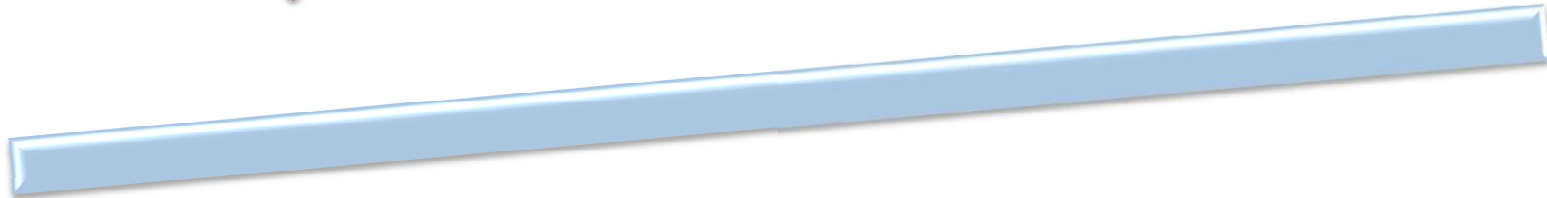
Child Activity Level,
Family Meals, Feeding
Practices, Sleep Patterns,
Meal Environment



WHAT WE HAVE & NOT



1. Missing data values for new and emerging foods
2. Limited data on many nutrients
3. **VERY LIMITED DATA** on public health sensitive nutrients like sodium, saturated fats, added sugar, trans fats



1. State, District level coverage
2. Multiple stakeholder data ship
3. Fundamental elements covered.



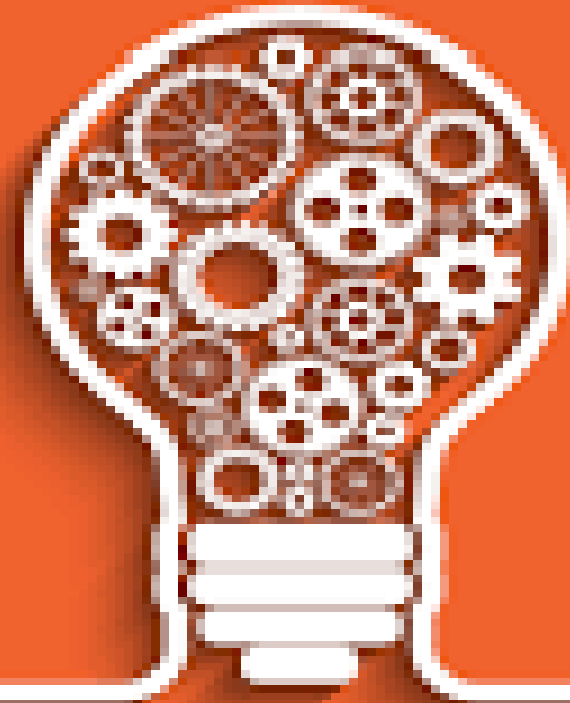
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- Individual company guidelines which may lead to inconsistent efforts / efforts in different directions.
- Lack of surety on having chosen the **RIGHTESTEST** reference/data set.
- Unnecessary time wasted in first setting the pre-pre-pre stage before you can actually initiate the main research.
- **MISSED OPPURTUNITIES**
- **HEALTH IMPACT**

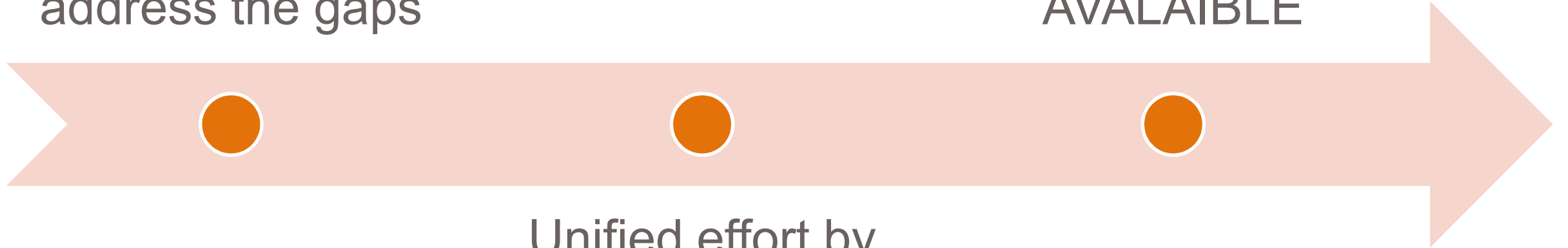


**REAL TIME IMPACT ON PRODUCT DEVELOPMENT IN
ABSENCE OF DATA**

WHAT WE REALLY NEED?

National Level
approach to
address the gaps

Need it to be
published &
AVAILABLE



Unified effort by
all stakeholders



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Health of the next generation is OUR responsibility!



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