



Nutrition

The first two years
are forever

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Nutrition

The first two years
are forever

Foreword

Indian children have the same growth and development potential as all children worldwide; research demonstrates that when provided with optimal feeding and care, Indian children grow along the same growth curves as all children worldwide. However, the latest National Family Health Survey (NFHS) indicates that 48 per cent of Indian underfives are stunted due to chronic malnutrition.

Therefore, child malnutrition remains a major threat to the survival, growth and development of Indian children and one of India's greatest development challenges. Stunted children have stunted bodies, stunted brains and stunted lives. Stunting is associated with poor development and reduced school performance; compared with children who are not stunted, stunted children often enrol later, complete fewer grades and perform less well in school; this leads to reduced productivity and income-earning capacity and participation in adult life.

Child malnutrition happens very early in life. The mean height and weight of Indian children at birth is already below the expected mean height and weight in a healthy and well-nourished population; the nutrition situation of children deteriorates progressively through the first two years of life, stagnating thereafter; by the age of 24 months, 58 per cent of children are stunted. Therefore there is a critical window of opportunity – from conception to age two years – to prevent malnutrition and break the inter-generational cycle of malnutrition in India: once this window closes, it closes for life.

The good news is that there is no need to discover new vaccines or develop new drugs to prevent child malnutrition: we know what works. During this critical window of opportunity to prevent malnutrition – while a mother is pregnant and during her child's first two years of life – a set of proven interventions offer Indian children the best chance to grow and develop to their full potential. Thus, advocacy, policy and programme action is to ensure that:

- Children are breastfed within the first hour of life and are fed only breastmilk in the first six months of life to grow healthy and strong;
- Children are fed the right foods – in quantity and quality – and mother's milk after six months of age with good feeding and hygiene practices to ensure optimal growth and development;
- Children are given iron and vitamin A supplements and deworming which, with full immunization, will protect them from diseases and anaemia;
- Children are given nutritious life-saving foods and care when they are sick or severely malnourished for survival and lasting recovery;
- Women benefit from good foods and care, including during adolescence, pregnancy and breastfeeding, to secure their nutrition today and the nutrition of their children tomorrow.

This publication benefits from UNICEF's policy, programme and communication experience globally

and in India, both at national and state levels, and builds on the work by the National Coalition for Sustainable Nutrition Security and the Citizens' Alliance Against Malnutrition. It gathers a collection of factsheets on essential evidence-based interventions to improve nutrition in children under two. For each intervention it reviews in simple language **why** the intervention is important, **where** India is in making this intervention universal, and **how** to make the intervention a reality for all children under two, because when it comes to nutrition... the first two years are forever.

There is a critical window of opportunity – from conception to age two years – to prevent malnutrition and break the inter-generational cycle of malnutrition in India: once this window closes, it closes for life.



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Better nutrition, particularly during pregnancy and lactation, is essential to women's health

Why

is breastfeeding within the first hour of life vital to the survival of children?

Breastfeeding within one hour of life protects the child

- Breastfeeding within one hour of life protects the child from infections and reduces the risk of death by up to 22 percent in the first month of life.
- Skin-to-skin contact with the mother through breastfeeding keeps the child warm and reduces the child's risk of dying of cold ('hypothermia') and fosters mother-infant bonding.

Breastfeeding within one hour of life for successful breastfeeding

- Every child should start breastfeeding within one hour of life to take advantage of the newborn's intense suckling reflex and alert state and to stimulate breastmilk production.
- Starting breastfeeding within one hour of life and learning to breastfeed properly (positioning and attachment) helps the mother produce more milk for her child.

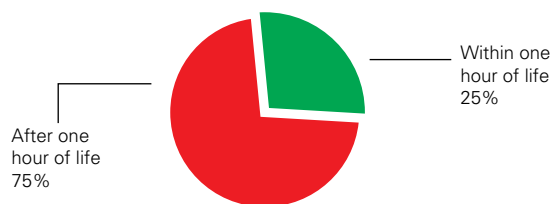
Breastfeeding within one hour of life reduces the mother's risk of death

- Breastfeeding within one hour of life helps reduce excessive bleeding in mothers after birth and the risk of haemorrhage, a major cause of maternal death.

Where are we today?

Breastfeeding within first hour of life is recognized as one of the most important actions for infant survival, growth and development. Yet in India, only one infant in four starts breastfeeding within one hour of life.

Time of initiation of breastfeeding in newborns (%)



Source: NFHS-3, 2006

Newborns who start breastfeeding within their first hour of life are often born to mothers who:

- live in towns and cities;
- have more than ten years of education;
- deliver in a health facility;
- are assisted by health workers at child birth;
- belong to the richest 20 per cent of the population.

How to make breastfeeding in the first hour of life possible for all children?

Communicate goals, harmonize messages

- Raise awareness of the importance of starting breastfeeding within one hour of life in reducing newborn and infant deaths.
- Harmonize communication goals and messages across programmes at central, state and district levels for effective counselling and support to mothers and families.

Coordinate guidelines and programmes, scale up interventions

- Coordinate operational and technical guidelines by the Ministries of Health and Family Welfare, and Women and Child Development to ensure support for the initiation of breastfeeding within the first hour of life.
- Coordinate programme initiatives among different departments at the state and district levels to ensure convergent action to support mothers in initiating breastfeeding within one hour of delivery.
- Scale up community outreach strategies to ensure that all pregnant women are counselled and supported before and immediately after delivery by trained workers.

A close-up photograph of a newborn baby with dark skin and curly hair, looking up towards the camera while being breastfed. The baby's face is the central focus, with its eyes wide and looking upwards. The mother's breast and arm are visible on the left side of the frame. A yellow rectangular box with magenta text is in the top right corner.

**Breastfeeding
within the
first hour of
life is vital to
the survival of
children**

Why

does mother's milk only in the first six months of life make children healthier?

Mother's milk only in the first six months of life ensures maximum protection against malnutrition, illness and death

- Exclusively breastfed infants – those who are given mother's milk only – are at a lower risk of diseases like diarrhoea and infections involving the nose, throat and lungs, major causes of death among infants.
- Exclusive breastfeeding ensures that newborns get colostrum, the first thick yellowish milk from the breast that provides protection against infection; colostrum is children's 'first vaccine'.

Infants given mother's milk only in the first six months do not need other liquids, milk or foods

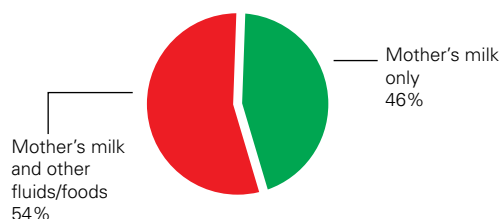
- Infants who are exclusively breastfed in the first six months of life – with frequent, on demand feedings – do not need water or any other liquids even in hot climates; mother's milk is all they need for survival and optimal growth and development.
- Giving infants water, other liquids or other foods before six months introduces germs, reduces the amount of breast milk consumed, and leads to disease and malnutrition.

Families benefit from exclusive breastfeeding

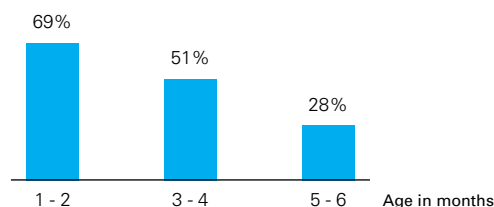
- Exclusive breastfeeding helps to increase the time between pregnancies, which naturally help to space births.
- Exclusive breastfeeding is economical as families do not need to spend money on expensive infant foods.

Where are we today?

Breastfeeding practices of infants under six months of age (%)



Infants under six months of age who are fed mother's milk only (%)



Source: NFHS-3, 2006

Giving mother's milk only to the infant for the first six months of life is a key action for child survival.

In India, only 46 per cent of infants under six months are exclusively breastfed. The proportion of children under six months who are exclusively breastfed decreases with age; from 69 per cent in the first and second months to 28 per cent in the fifth and sixth months of life.

How to ensure that all children are fed mother's milk only in the first six months of life?

Raise awareness of the importance of exclusive breastfeeding

- Raise awareness among key stakeholders at all levels on the importance of exclusive breastfeeding for the survival, growth and development of children through meetings, mass media campaigns and behaviour change communication programmes.

Improve maternity entitlements, implement laws to support exclusive breastfeeding

- Build awareness of maternity entitlements and improve legislation on maternity benefits across all labour laws for both organized and unorganized sectors.
- Develop practical guidelines and tools for the implementation and monitoring of laws related to maternity entitlements.

Improve programming, scale up interventions

- Improve the performance of primary level providers and frontline workers in protecting, promoting and supporting exclusive breastfeeding through better training, communication materials and job aids, supportive supervision, and counselling support.
- Ensure coordinated programmes by the Ministry of Health and Family Welfare and Ministry of Women and Child Development to scale-up support for exclusive breastfeeding.

**Mother's
milk only in
the first six
months of life
makes children
healthier**



Why

do infants need both solid foods and mother's milk after six months to grow quickly and strong?

After six months, infants need both breastmilk and complementary foods to continue to grow strong and develop fully

- Mother's milk alone cannot give infants older than six months all the nutrition needed during this period of fast growth and development.
- Complementary foods – the solid, semi-solid or soft foods, given with mother's milk after six months – ensure that infants grow and develop to their full potential.

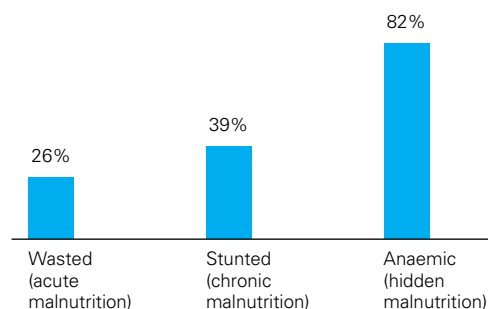
Foods given to infants in the first six months of life do not improve growth and are dangerous

- Foods given to infants in the first six months of life replace mother's milk and result in frequent infections and poor growth and development.

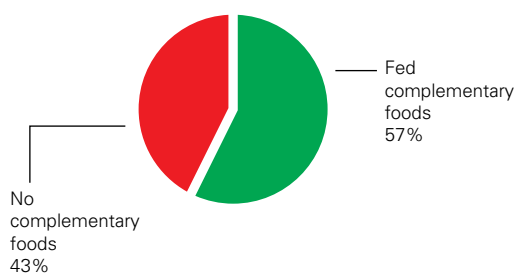
Where are we today?

In India, 26 per cent of children under two years of age are wasted (acute malnutrition), 39 per cent are stunted (chronic malnutrition) and 82 per cent are anaemic (hidden malnutrition), to a large extent because they were not fed age-appropriate complementary foods at the right time (i.e., after six months).

Nutritional status of children under two years of age (%)



Feeding practices of children between 6 and 24 months of age (%)



Source: NFHS-3, 2006

Only slightly more than half of infants aged six to nine months receive some kind of complementary foods in addition to mother's milk.

How to ensure that complementary foods are fed to all infants after six months of age?

Raise awareness, increase outreach

- Raise awareness among stakeholders – leaders, programme managers, health and community service providers, community members and media – on the importance of introducing good (age-appropriate) complementary foods after completing six months while breastfeeding continues.

Strengthen programmes, scale up interventions

- Strengthen programme initiatives that include improving the performance of frontline workers in primary care centres and communities in promoting and supporting the timely introduction of age-appropriate complementary foods and feeding practices; ensure adequate training, access to good quality communication materials and job aids, and timely and supportive supervision.
- Expand coverage and programme outreach through community-based plans comprising mapping of mothers with a child under two years of age, and providing timely and relevant counselling and support on how to improve the quality of complementary foods and feeding practices while breastfeeding continues.

**Solid foods
and mother's
milk after six
months of age
help infants
grow quickly
and strong**

Why

do the right foods, in quantity and quality, fed often from 6 to 24 months ensure young children's optimal growth?

Young children need more and a greater variety of foods as they grow

- Children grow and develop quickly from 6 to 24 months of life, and need to eat sufficient amounts of age-appropriate complementary foods which are high in energy, protein and nutrients.
- Foods from different food groups such as grains, eggs, poultry, fish, meat, dairy products, fruits and vegetables provide children with a variety of nutrients that helps them grow strong and develop fully.

Young children benefit from being fed more often and in a responsive and active way

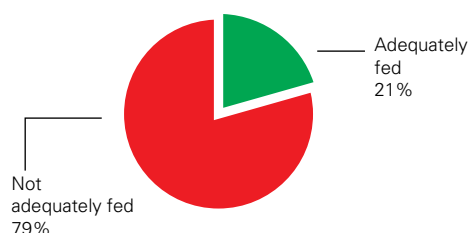
- Young children have very small stomachs and need to be given small feeds, high in nutrients and fed frequently during the day.
- Complementary feeding needs to be responsive – feeding infants directly and assisting older children when they feed themselves, feeding children slowly and patiently, and encouraging children to eat without forcing them.

Where are we today?

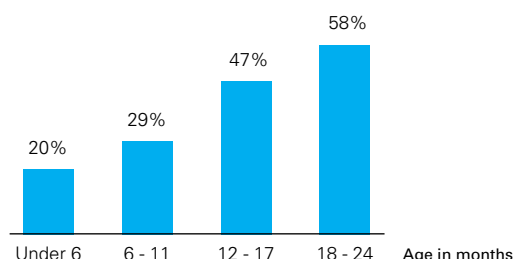
In India, only one child in five (21 per cent) between 6 and 24 months is fed according to recommended practices; only 35 per cent are fed foods from a minimum number of different food groups; and only 42 per cent are fed a minimum number of

times per day. Poor complementary foods and feeding practices in terms of quantity, quality and frequency threaten the survival, growth and development of Indian children as indicated by the fact that 58 per cent of children 18 to 24 months old are stunted (chronic malnutrition).

Complementary feeding practices of children 6 to 24 months of age (%)



Proportion of children under two who are stunted (%)



Source: NFHS-3, 2006

One child in five under six months is stunted (chronic malnutrition); this proportion increases to 58 per cent among children 18 to 24 months old. This indicates that children have been fed poorly for a long period of time, resulting in poor growth and development.

How to make feeding the right food in the right way possible for all young children?

Raise awareness, ensure access

- Raise awareness among leaders, policy makers, programme planners and opinion setters on the central role of good foods and feeding practices in the vulnerable age window 6 to 24 months.
- Strengthen the capacity of families and local groups to prepare age-appropriate complementary foods for children 6 to 24 months old with locally available foods.
- Advocate for social safety nets ensuring access to age-appropriate foods and essential nutrients for children 6 to 24 months old, particularly in food insecure households.
- Advocate for the use of micronutrient supplements and/or fortified complementary foods, where local diets are unable to meet the specific nutrient needs of young children.

Improve programmes, scale up interventions

- Improve the performance of frontline workers in primary health care centres, anganwadi centres and communities (home counselling) in promoting and supporting the use of age-appropriate complementary foods and feeding practices for children 6 to 24 months old.



**The right foods
– in quantity and
quality – fed often
from 6 to 24
months ensure
optimal growth
and development**

Why

do good hygiene and clean hands keep young children healthy and strong?

Infants and young children are less likely to get sick with good hygiene practices in food handling and feeding

- Washing caregivers' and children's hands with soap before preparing and eating foods is one of the most important ways of preventing germs from getting into food and avoiding diarrhoea in young children.
- Food served immediately after cooking and stored safely reduces the risk of germs getting into food and young children getting diarrhoea, a major cause of death of children.

Clean hands and utensils, and safe disposal of stools prevent food contamination and infections

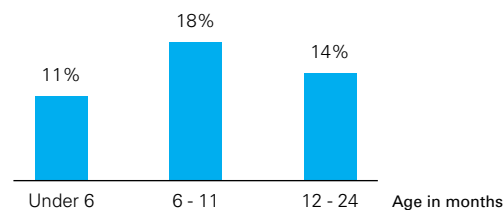
- Using clean utensils and crockery will stop germs from getting into food; feeding bottles, which are difficult to keep clean, should be completely avoided.
- Unclean hands and unsafe disposal of stools lead to germs and worms entering the body of young children, causing diarrhoea and other infections and leading to growth failure and poor development.

Where are we today?

In India, one infant in five aged 6 to 12 months suffers from diarrhoea at any one point. Only 21 per cent of mothers report disposing child's stools safely, which is critical in preventing disease from spreading. In rural areas, 51 per cent of children's

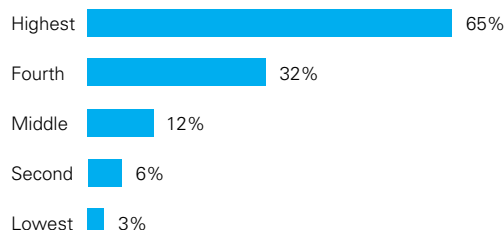
stools are left in the open compared to 25 per cent in the urban areas. This indicates the urgent need for safe hygiene, sanitation, and food and feeding practices when infants start receiving complementary foods.

Children under two with diarrhoea* (%)



* in the two weeks preceding the survey

Mothers who dispose their child's stools safely by household wealth quintile (%)



Source: NFHS-3, 2006

Infants aged 6 to 12 months old are more likely to suffer from diarrhoea than any other age group as this is the time period when they start eating complementary foods, which are not always handled in a safe and clean manner.

How to keep all children healthy through clean hands and good hygiene and sanitation practices?

Raise awareness, expand outreach

- Raise awareness on the importance of adequate hygiene and sanitation practices for child survival, growth and development.
- Expand outreach through programmes that engage communities on issues related to sanitation, safe food handling and hand washing, especially in the context of child feeding.

Improve programmes and infrastructure, scale up interventions

- Harmonize communications strategies across departments and programmes to promote safe hygiene, sanitation and feeding practices for infants and young children.
- Improve adoption of safe drinking water and sanitation practices with emphasis on improving community norms and individual practices.
- Improve the capacity of community frontline workers to counsel and support mothers and families on how to improve feeding, hygiene and sanitation practices for infants and young children.

**Good hygiene
and clean
hands keep
young children
healthy and
strong**



Why

protect young children with iron and vitamin A supplementation and deworming?

Vitamin A supplementation keeps children safe from death, illness and vision loss

- Children who do not have enough vitamin A in their body have lower resistance to infections and greater risk of vision damage.
- Regular intake of vitamin A supplements after six months of age can reduce death in under-fives by almost one quarter in areas where vitamin A deficiency is prevalent.

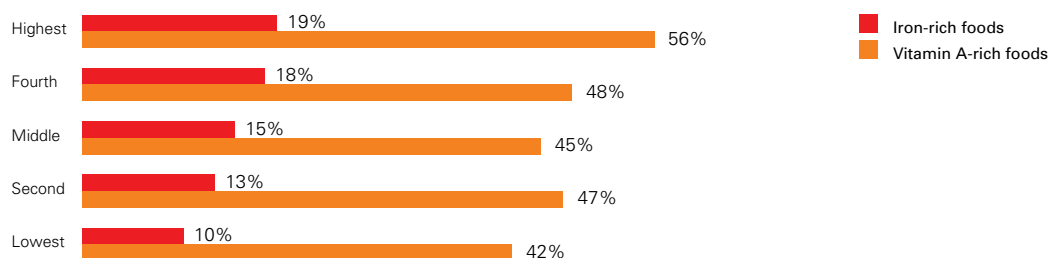
Iron supplementation and deworming protect children from anaemia

- Children who do not have enough iron in their body are at a higher risk of anaemia, which has devastating consequences for children's brain development and school performance.
- Worms in children's intestine result in loss of nutrients such as iron, which are essential for optimal growth and development.

- Regular intake of iron supplements and regular deworming protect children against anaemia and poor development.

Where are we today?

Consumption of foods rich in iron and vitamin A among children aged 6 to 35 months by wealth quintile (%)



Regular consumption of foods rich in iron and vitamin A is low, particularly among infants and young children; the proportion of children 6 to 24 months old who consume vitamin A-rich foods regularly is 39 per cent while the proportion of those who consume regularly iron-rich food is 11 per cent.

The proportion of children who consume vitamin A and iron-rich foods regularly is particularly low in the lower wealth quintiles.

How to make iron and vitamin A supplementation and deworming possible for all children?

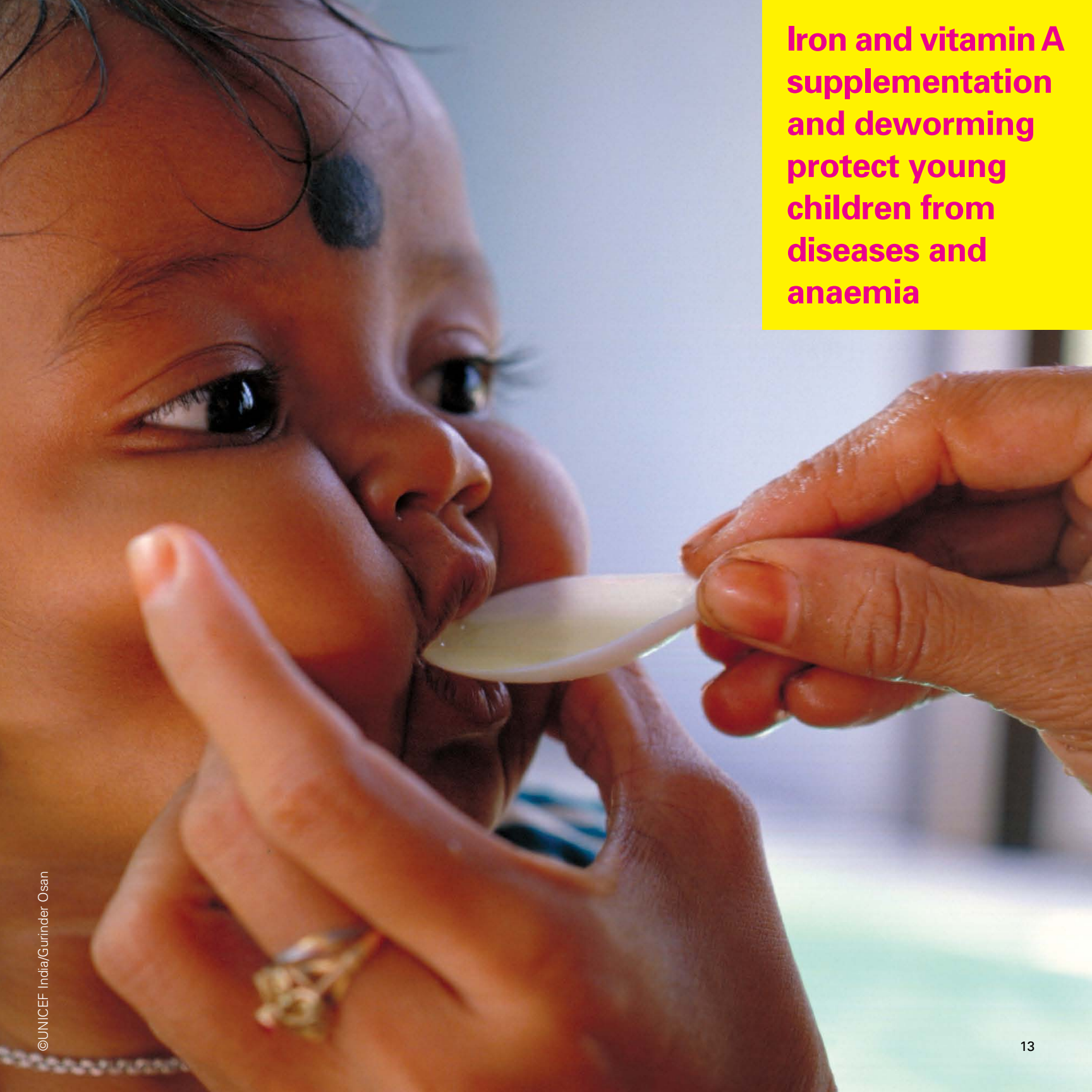
Raise awareness about the cost of inaction

- Raise awareness on the importance of universal coverage of vitamin A supplementation for the survival, health and nutrition of infants and young children.
- Raise awareness on the importance of universal coverage of iron supplementation and deworming to prevent anaemia in young children: emphasize the devastating effect of iron anaemia on children's brain development, learning ability, and future earning potential.

Improve programming, scale up interventions

- Scale up and universalize coverage of vitamin A supplementation, iron supplementation and deworming especially among the most vulnerable groups of children: the youngest, the poorest and children belonging to scheduled caste/scheduled tribe families.
- Ensure that there are no supply gaps of vitamin A and iron supplements and deworming tablets in programmes.
- Expand the use of community outreach mechanisms including Village Health and Nutrition Days to increase awareness of and demand for vitamin A and iron supplementation and deworming for infants and young children.

**Iron and vitamin A
supplementation
and deworming
protect young
children from
diseases and
anaemia**



Why

do children need nutritious foods during and after illness for quick recovery?

Children need nutritious foods and fluids during and after illness to recover quickly

- Sick children need increased amounts of food and fluids but they have poor appetite; feeding them nutritious foods in small quantities and giving fluids often, including breastmilk, helps them recover faster.

Active and frequent feeding during and after illness helps break the vicious cycle of malnutrition and infection

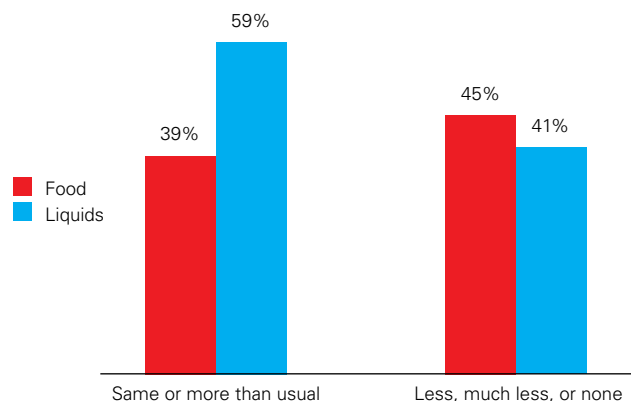
- Frequent episodes of illness can lead to a vicious cycle of infection and malnutrition and even result in death.
- Prompt treatment of illness and continuation of feeding, including breastfeeding, given frequently and actively (patiently) during and after illness are vital for children.

Oral rehydration salts with zinc supplements promote faster recovery during diarrhoea

- Diarrhoea is one of the most common causes of death among young children under five. Deaths from acute diarrhoea are most often caused by dehydration, the loss of fluids in the body.
- For the treatment of diarrhoea, oral rehydration salts (ORS) to replace lost fluids and zinc supplements to reduce the duration and severity of diarrhoea and the risk of it happening again within a short time are essential.

Where are we today?

Feeding practices of children under age five with diarrhoea (%)



Source: NFHS-3, 2006

Few Indian children are given fluids and foods according to recommended practices during and after illness; even among the most educated mothers, only one sick child in five is given more to drink to prevent dehydration.

Only one child in three aged 6 to 24 months with diarrhoea is treated with ORS; the use of zinc supplements is almost negligible.

How to ensure nutritious food, oral rehydration salts and zinc supplements for all sick children?

Promote awareness, increase policy focus

- Promote awareness on the importance of active and frequent feeding for children during and after illness.
- Advocate for the implementation of the national policy on ORS and zinc supplementation.

Harmonize communication, improve mothers' capability

- Harmonize communication efforts to promote frequent and active feeding for children during and after illness, including oral rehydration salts and zinc supplementation.

- Improve the capability of mothers to prevent and treat infections including diarrhoea by improving counselling and support to them on diarrhoea management and child feeding during and after illness.



**Nutritious foods
given often during
and after illness
are necessary
for the child's
recovery**

Why

is life-saving food and care given at the right time vital to save severely malnourished children?

Children with severe acute malnutrition need special foods and care at the right time

- Children with severe acute malnutrition (SAM) are at a nine times higher risk of dying; and for their recovery, they need special (therapeutic) foods and care, and monitoring of weight gain.
- Children with SAM need special life-saving treatment and appropriate weight gain for recovery of the body's immunity for survival, growth and development.

Children with severe acute malnutrition can be saved if identified before medical problems develop

- Active searching and finding of children with SAM will help detect children who need to be treated with therapeutic foods and care before they develop medical complications.
- Children with SAM who have medical problems have to be referred to a malnutrition treatment centre for centre-based therapeutic care; these children cannot be treated at home.

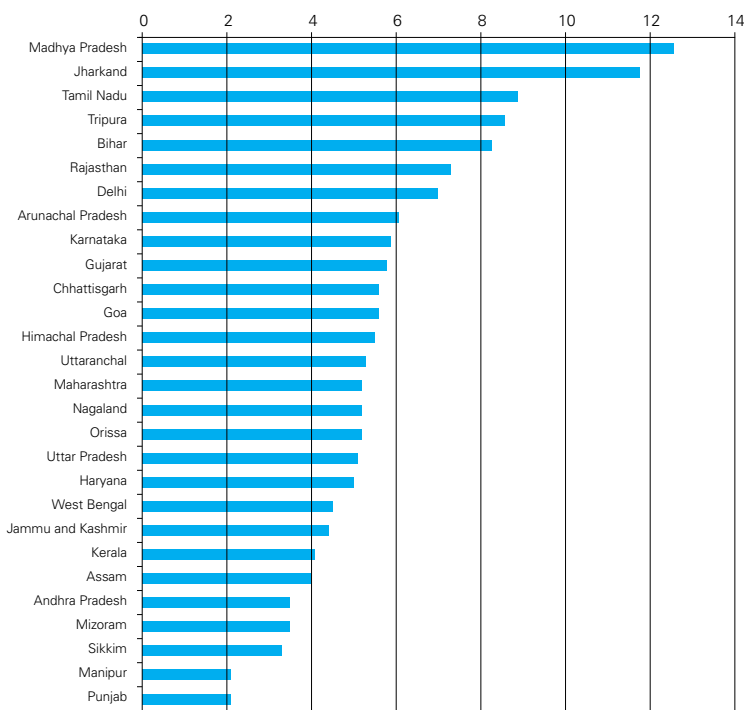
Children with severe acute malnutrition without medical problems can be treated in their communities

- Most children with SAM if identified before they develop medical problems can be treated at home with therapeutic foods and counselling; their weight gain can be monitored in the community.

Where are we today?

At any point in time an average eight million Indian children suffer from severe wasting, the most widespread form of SAM; over 70 per cent of these children are younger than three years. Rates of child wasting in India (20 per cent) are twice as high as in sub-Saharan Africa (9 per cent) and ten times higher than in Latin America (2 per cent).

Children aged under five years who are severely wasted by state (%)



How

to ensure life-saving food and care at the right time to all severely malnourished children?

Raise awareness, develop national policy

- Raise awareness on the severity of the problem and advocate for quality therapeutic feeding and care for children with severe acute malnutrition.
- Develop guidelines for the treatment of children with SAM that includes early detection, timely referral, timely treatment with appropriate therapeutic foods and management, regular follow ups and home-based care.

Improve programming, scale up interventions

- Set up malnutrition treatment centres to treat children with SAM and medical complications with quality.
- Establish a programme for children with SAM that combines facility- and home-based therapeutic feeding and care as part of regular health, nutrition and development programmes for young children.

**Life-saving
food and care
given at the
right time
saves severely
malnourished
children**



Why

is improving the nutrition of adolescent girls essential?

Adolescent girls need good nourishment to develop properly

- Adolescent girls face a greater risk of nutritional problems which includes anaemia and underweight.
- Well-nourished adolescent girls are more likely to enrol and stay in school, have lower school absenteeism and better school performance, and are likely to marry later.

Anaemic adolescent girls often become anaemic adult women who perpetuate the cycle of poor nutrition

- Anaemic adolescent girls are at a higher risk of becoming anaemic adult women; anaemic women are more likely to give birth to children with low birth weight who have a higher risk of death and poor growth and development.
- Nutritional deprivations during adolescence usually continue throughout the life cycle and are often passed on to the next generation.

Anaemia, often caused by a deficit of iron in the diet, is common among adolescent girls and can be avoided

- Girls need more iron during adolescence as they grow and menstruate; they can be protected against poor nutrition and anaemia through supervised weekly iron and folic acid supplementation, twice yearly deworming, counselling to improve their diets, and empowerment to avoid early marriage and pregnancy.

Where are we today?

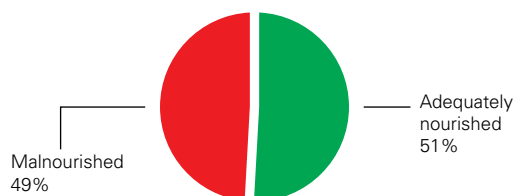
Adolescence represents an opportunity to prepare for a healthy adult life; however, in India, the prevalence of malnutrition among adolescent girls aged between 15 and 19 years is 47 per cent and every second adolescent girl is anaemic.

This has serious implications for adolescent girls today and tomorrow, since many young women marry before age 20 and being malnourished or anaemic increases their risks during pregnancy.

Adolescent girls between 15 and 19 years of age who are anaemic (%)



Adolescent girls between 15 and 19 years of age who are malnourished (%)



Anaemic adolescent girls will continue to grow and develop poorly if anaemia is not corrected; an analysis of studies on intermittent iron supplementation concluded that weekly iron supplementation for adolescent girls is effective in reducing iron deficiency anaemia if delivered under supervision to ensure compliance.

How to improve the nutrition of all adolescent girls today?

Create national policy, strengthen adolescent friendly services

- Ensure that policies address the health and nutrition needs of adolescent girls, including the control of anaemia through school- and community-based approaches.
- Strengthen adolescent friendly services through education, health, nutrition, development and empowerment programmes.

Develop capacity, increase outreach

- Strengthen the capacity of teachers and frontline workers to address the health and nutrition needs of adolescent girls.
- Ensure the availability of and accessibility to iron and folic acid supplements, deworming tablets and communication materials for quality nutrition counselling to all adolescent girls.



**Improving the
nutrition of
adolescent girls
today secures
the nutrition
of children
tomorrow**

Why

is better nutrition, particularly during pregnancy and lactation, essential to women's health?

Women need more nutrition when they are pregnant and breastfeeding

- Pregnant women need to eat a varied diet to ensure that their children are born healthy and have a lower risk of being malnourished, developing poorly, or dying.
- Breastfeeding mothers need to eat a plentiful diet to store the energy and nutrients they require to breastfeed successfully.

Iron and folic acid supplements and iodized salt improve a woman's chances of having a healthy infant

- Pregnant women need iron and folic acid supplements daily to prevent anaemia and deliver a healthy child with a normal birth weight, who is not anaemic and grows and develops well.
- Consumption of iodized salt prevents iodine deficiency during pregnancy, and can prevent miscarriage and brain damage in the unborn child.

Where are we today?

In India, one woman in three between 15 and 49 years of age is malnourished; this proportion is one in two among women in the lowest wealth quintile.

Prevalence of anaemia among women (15-49 years) (%)



Prevalence of anaemia among pregnant women (15-49 years) (%)



Prevalence of anaemia among breastfeeding women (15-49 years) (%)



■ Anaemic ■ Not anaemic

Source: NFHS-3, 2006

More than half of Indian women, including those pregnant and breastfeeding, are anaemic. This has serious consequences for women themselves and for the health, nutrition and development of their children.

How to improve nutrition for all women, including pregnant women and breastfeeding mothers?

Promote coordination, enhance coverage

- Promote coordination among relevant ministries to develop national policies and guidelines to improve nutrition for women, particularly during pregnancy and lactation.
- Enhance coverage of nutrition improvement programmes for pregnant and breastfeeding women, with emphasis on reaching women from scheduled castes and scheduled tribes and lower wealth quintiles.

Improve capacity, use local resources

- Improve the capacity and performance of primary care level providers and counsellors to give nutrition counselling and support to pregnant women and breastfeeding mothers.

- Use local resources and opportunities such as local governance groups, mothers' committees, self help groups, senior women groups and frontline workers to enhance outreach and increase nutrition care and support for women when pregnant and breastfeeding.

**Better nutrition,
particularly
during pregnancy
and lactation,
is essential to
women's health**



Notes:

Notes:



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