

# India's Persistent Stunting Crisis – Health

Despite seven years of POSHAN Abhiyaan India has only shown marginal improvement in reducing stunting and missed its target to reduce stunting among children.

## Stunting

Stunting refers to a condition where a child is too short for his or her age due to chronic or recurrent undernutrition. It is one of the most critical indicators of child health and nutritional outcomes, reflecting long-term deprivation of adequate nutrition, maternal health, and care practices.

## POSHAN Tracker

The Poshan Tracker is a mobile-based digital application launched under the POSHAN Abhiyaan (National Nutrition Mission). It is designed to monitor and improve the nutritional status of children under 6 years, adolescent girls, pregnant women, and lactating mothers. The app provides real-time monitoring of Anganwadi Centers (AWCs), Anganwadi Workers (AWWs), and beneficiaries, thereby ensuring efficient service delivery and last-mile tracking of nutritional interventions. By digitising records and enabling Aadhaar-based verification, it enhances transparency, accountability, and targeting of beneficiaries.

## Impact of Stunting

Stunting in early life has serious and often irreversible consequences on a child's physical and cognitive development. It leads to poor cognition, delayed learning abilities, and low educational performance, which affect long-term human capital formation. Stunted children often grow into adults with low wages, reduced productivity, and limited economic opportunities. When stunting is followed by excessive weight gain in later childhood, it increases the risk of non-communicable diseases like diabetes and cardiovascular problems in adulthood.

## India's Status

In 2016, about 38.4% of children under five years were stunted (NFHS-4 data). As of June 2025, POSHAN Tracker data showed that around 37% of children remained stunted, reflecting only marginal improvement despite large-scale interventions.

## POSHAN Abhiyaan (National Nutrition Mission)

Launched in March 2018, POSHAN Abhiyaan is India's flagship programme to improve nutritional outcomes for children, adolescent girls, and mothers. The programme aims to address undernutrition, stunting, anaemia, and low birth weight through convergence of services, behavioural change, and technology-driven monitoring.

## Targets under POSHAN Abhiyaan

1. To reduce stunting by at least 2% per annum.
2. To reduce undernutrition by 2% per annum.
3. To reduce anaemia by 3% per annum among children and women.
4. To reduce the prevalence of low birth weight by 2% per annum.
5. The ambitious target of "Mission 25 by 2022" aimed to reduce stunting from 38.4% (NFHS-4) to 25% by 2022, though it was not fully achieved.

## Phases of Implementation

The mission was implemented in three phases (2017–18 to 2019–20), with gradual scaling up to cover all districts. It was supported by the World Bank-assisted ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP), which enhanced delivery of ICDS services.

## Mission POSHAN 2.0 (Launched in 2021)

The government merged POSHAN Abhiyaan, Anganwadi Services, and the Scheme for Adolescent Girls into a unified programme called Mission Saksham Anganwadi and POSHAN 2.0.

The mission's objectives include:

1. Tackling malnutrition among children, adolescent girls, pregnant women, and lactating mothers.
2. Improving maternal nutrition, infant and young child feeding practices, and addressing moderate/severe acute malnutrition (MAM/SAM).
3. Promoting AYUSH-based wellness practices, dietary diversity, food fortification, and use of millets.
4. Establishing a sustainable health and nutrition ecosystem through community mobilisation and food-based practices.

## Key Components of POSHAN 2.0

### Nutritional Interventions

Supplementary nutrition using fortified rice, expanded nationwide from FY 2021–22. Mandatory inclusion of millets in Anganwadi meals at least once a week. Encouragement of dietary diversity with green leafy vegetables, pulses, and vitamin-C rich foods.

### ICT & Governance

Poshan Tracker launched on 1st March 2021 for real-time monitoring of nutrition services. Grievance Redressal Cells and the National Poshan Helpline established for feedback. Aadhaar verification achieved for over 90% of beneficiaries to ensure accurate targeting.

### Community Outreach

Large-scale social and behaviour change campaigns (SBCC) conducted to spread awareness. Annual celebrations of Rashtriya Poshan Maah (September) and Poshan Pakhwada (March) for public mobilisation and sensitisation.

### Achievements

1. Coverage expanded to all 36 States/UTs and 730 districts, including 112 Aspirational Districts.
2. Over 4 lakh Poshan Vatikas (nutrition gardens) established to promote local food security.
3. Integration of Poshan Tracker with the Reproductive and Child Health (RCH) portal for better coordination of maternal and child health.
4. Innovative state-level best practices recognised, such as:
  1. Mission Sampurna Poshan (Telangana)
  2. Mera Bachcha Abhiyaan (Madhya Pradesh)
  3. Project Sampoorna (Assam)

### Progress in Nutrition Indicators (NFHS-5, 2019–21)

1. Stunting reduced from 38.4% (NFHS-4) to 35.5% (NFHS-5).
2. Wasting declined from 21% to 19.3%.
3. Underweight prevalence fell from 35.7% to 32.1%.

### Reasons for Persistent Stunting in India

**Maternal Health and Teenage Pregnancies** – Nearly half of stunted children are small at birth due to poor maternal nutrition. In 2019–21, 7% of women aged 15–19 had begun childbearing.

**Education Gap** – Stunting prevalence was 46% among children of uneducated mothers, compared to 26% among children of mothers with 12+ years of schooling.

**Rising Caesarean Deliveries and Poor Breastfeeding** – C-section births rose from 9% (2005–06) to 22% (2021), often delaying breastfeeding initiation. Only 64% of infants below six months were exclusively breastfed.

**Poor Diet Diversity** – Indian diets are dominated by carbohydrates, with low protein and micronutrient intake. Only 11% of children under two met the Minimum Acceptable Diet standard.

**Anaemia** – In 2019–21, 57% of women (15–49) and 67% of children under five were anaemic, causing low birth weight and poor growth.

**Poor Sanitation and Unsafe Water** – 19% of households practiced open defecation in 2019–21, leading to infections that worsen malnutrition and create a cycle of illness and nutrient loss.

### Way Forward

Strengthen Maternal Health: Delay teenage pregnancies, expand antenatal care, and address maternal anaemia with supplementation.

Promote Girls' Education: Ensure higher education levels among women, as maternal schooling strongly correlates with better child nutrition outcomes.

Enhance Nutrition Diversity: Expand access to protein and micronutrient-rich foods through public distribution and nutrition schemes.

Support Breastfeeding Mothers: Provide extended maternity leave, workplace breastfeeding support, and awareness campaigns for exclusive breastfeeding.

Improve Sanitation and Safe Water: Continue efforts to eradicate open defecation, ensure safe drinking water, and improve gut health interventions.

Adopt Multi-Sectoral Strategy: Address stunting holistically through health, education, sanitation, and nutrition convergence.

Strengthen Implementation: Improve accountability and efficiency through Poshan Tracker monitoring and stronger community participation.

## Conclusion

Stunting in India is not just a health issue but a multi-dimensional problem linked to maternal health, education, sanitation, diet diversity, and poverty. Without addressing these systemic gaps, India risks perpetuating an intergenerational cycle of malnutrition, poverty, and low human capital development.

Programmes like POSHAN Abhiyaan and Mission POSHAN 2.0 provide a strong framework, but their success depends on better implementation, stronger community involvement, and sustained policy focus.

Source: <http://thehindu.com/data/the-complex-web-of-factors-behind-indias-persistent-stunting-crisis/article69955448.ece>

