FOOD PRODUCTION, CONSUMPTION, DISTRIBUTION AND THEIR IMPACT ON NUTRITIONAL STATUS OF CHILDREN IN SAARC COUNTRIES

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INTRODUCTION

An adequate food intake is one of the fundamental human requirements, but there is no denying the fact that millions of people, especially in the developing countries e.g. the SAARC countries, are beset with danger to their very survival due to inadequate supply of food. The gravity of the situation can be gauged from the fact that some 800 million people of the world are just breathing, not living, in a state of abject poverty. Some 400 million people donot have sufficient food intake, nearly 200 million children below the age of five in developing countries suffer from some degree of malnutrition. As many as 26,000 children die every day due to malnutrition in Asia, more than 2,50,000 children are blinded every year.

Of some 34 million children born each year in South Asia around four million donot survive their first birth day. Another two million die before they reach five years, and not all those who survive, grow up into healthy, productive adults. Beneath this trend is a complex of allied factors including malnutrition, ill

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health and ignorance particularly of mothers, about common childhood diseases and child exploitation. While problems facing children differ among countries and communities in the region, they often stem from causes of similiar origion and lend themselves to mutually supportive approaches and solutions.

FOOD PRODUCTION

An adequate food supply is the first pre-requisite in any country for social tranquility and economic stability. The production of major food commodities in South Asian countries[1] is presented in table 1.

BHUTTAN

In Bhutan, the production of cereals increased from 141,000 tons in 1974/76 to 179,000 tons in 1981-83, while that of pulses increased from 2000 tons to 3000 tons. The production of sugar was 3000 tons in 1974/76, No data is available for 1981-83 The production figure for milk is not available for 1974/76 while 13,000 tons were produced in 1981-83. The production of meat increased from 2000 tons to 3000 tons during this period while that of eggs increased, from 93 tons to 213 tons.

NEPAL

In Nepal, the production of cereals increased from 3.77 million tons in 1974/76 to 4.25 million tons in 1981-83, while that of pulses increased from 54,000 tons to 75,000 tons. The production of sugar was 11,000 tons

in 1974/76, it increased to 13,000 tons in 1985. No data for production of milk is available for 1974/76 while the production was 812,000 tons in 1981-83. The production of meat increased from 7,000 tons in 1974/76 to 81,000 tons in 1981-83 while that of eggs increased from 13000 tons in 1974/76 to 17500 tons.

MALDIVE

The poor soil and limited availability of cultivable land are the limiting factors for agriculture. The heavy dependence on imports for basic food needs such as the staple food, rice, and for fuel which together constitute about two third of imports, increases the vulenerability of the economy to the pressures of external market forces. The mainstay of the economy continues to be the fishing industry, the traditional vocation of the majority of the Maldivians. The fish catch highly variable from year to year, averaged 33,000 metric tons in the early seventies, but gradually increased and reached its earlier levels recently. In 1985, the fish catch was 55,100 metric tons[2]. In Maldive, the production of cereals was 1000 tons in 1974/76. No data is available for the year 1981-83. The production of meat was 1000 tons in 1974/76. It increased significantly to 222,000 tons in 1981-83. Production data for other food commodities except cereals is not available.

BANGLADESH

Sixty five percent of the total land area of Bangladesh is cultivable, only sixty percent of this area is actually cultivated. Agricultural growth rate is 3.8 percent, and has kept slightly ahead of population growth and the share of domestic food grain production as a proportion of total requirement has increased somewhat from about 85 percent in 1974 to 87.5 percent in 1985. The food production situation was rather disturbing in some key food sectors. The production of fish fell from 810,000 tones in 1969/70 to about 643,000 tonnes in 1979/80 and increased somewhat to 774,000 tonnes in 1984/85[3].

In Bangladesh, during the period 1974/76 to 1981-83, cereal production has increased from 18.1 million tons to 23.4 million tons, while the production of pulses has decreased from 223,000 tons to 213,000 tons. The production of sugar has increased from 526,000 tons to 591,000 tons and that of milk from 1021,000 tons to 1408,000 tons during the same period. The production of meat has increased from 226,000 tons to 297,000 tons and that of eggs has increased from 60600 tons to 81000 million tons during this period.

SRILANKA

The recently formulated Agriculture Nutrition strategy in Srilanka has given more priority to the production of field crops, specifically coarse grains, pulses, legumes and

Oil Seeds through a properly constituted Agriculture diversification plan. This will have to be supported by appropriate infrastructure development, processing, marketing and technological needs. The regional specialization of food crops, diverting of resources to the more nutritionally deprived agro-ecological regions and identification of specific nutritional inputs into the production sectors are some of the more important features in the strategy[4].

In Srilanka during the period 1974/76 to 1981-83, cereal production has increased from 1.81 million tons to 2.69 million tons, while that of pulses increased from 12,000 tons to 39,000 tons. The production of sugar increased from 17,000 tons to 31,000 tons and that of milk increased from 153,000 tons to 286,000 tons. The production of meat decreased from 85,000 tons to 30,000 tons, while that of eggs increased from 17200 tons to 32063 tons.

INDIA

Agriculture contributed 35 percent of the gross domestic product in 1984-85 and provides livelihood to about 70 percent of the population. Industry depends upon agriculture for much of its raw materials. Agriculture related exports contributed to more than 30 percent of export earnings in 1984-85. A basic weakness of Indian agriculture is that the output is subject to large fluctuations, mainly because 70 percent of the effort continues to depend

on rain fall. The break-through in agriculture is confined only to certain crops like wheat. This has aggravated the regional imbalance. Low productivity affects the income level of about 65 million rice farming families in the six eastern states[5].

The production of cereals in India increased 118.70 million tons in 1974/76 to 164.57 million tons in 1981-83, while that of pulses increased from 10.90 million tons to 12.09 million tons. The production of sugar increased from 13.00 million tons to 16.31 million tons and that of milk increased from 11.60 million tons to 41.60 million tons during this period. The production of meat increased from 0.71 million tons to 1.04 million tons while that of eggs increased from 463333 tons to 810000 tons during the same period.

PAKISTAN

Agriculture contributes almost 25 percent of the gross national product and provides livelihood to 52 percent of the population in Pakistan. Industry depends upon agriculture for much of its raw material. During the last three years, agriculture production has been erratic. In 1983-84, there was a decline of 6 percent mainly due to a fall in the production of wheat, rice and cotton. The subsequent two years, 1984-85 and 1985-86 witnessed a substantial rise in agricultural production. A record growth rate of 12 percent was achieved in 1984-85[6].

In Pakistan, the production of cereals increased from 13.3 million tons in 1974/76 to 16.69 million tons in 1981-83, while the production of pulses decreased from 781,000 tons to 725,000 tons. The production of sugar increased from 1993,000 tons to 2758,000 tons while that of milk increased from 0.24 million tons to 0.28 million tons during this period. The production of meat increased from 714,000 tons to 1006,000 tons and that of eggs increased from 44800 tons to 204200 tons during the same period.

FOOD AVAILABILITY AND CONSUMPTION

The per capita availability of major nutrients and the availability of calories from food commodities to the people in South Asia is shown in table 2 & 3. The consumption of calories was highest in Pakistan (2236), followed by Srilanka (2217). The protein intake of people in the region is mostly supplied by vegetable proteins which constitute about 83 percent of the total protein intake. The situation is somewhat better in Pakistan where vegetable proteins provide 76 percent of total protein intake. Keeping in view the recently revised allowances for protein[7] and the marginal or deficient availability of calories, it appears that the apparently satisfactory protein availability may not actually be able to meet the protein requirements of people in the region. The per capita fat availability, appears to be adequate in Srilanka and Pakistan. The availability of

dietary calcium is below the recommended daily allowances in Bangladesh and Srilanka. The apparently satisfactory availability of iron in the food in South Asia may also be inadequate especially for adolescent females, pregnant and lactating women, keeping in view the fact that most of it is derived from vegetable sources and the incidence of parasitic infestations is high in the region. The availability of retional equivalent in all the countries of the region except Pakistan and India is below the recommended intake of about 460 ugs. The daily per capita availability of total calories and the contribution to this by the major food commodities are presented in table 3. In the republic of Maldives, the daily per capita total calories availability for consumption have increased from 1798 calories in 1970-72 to 2039 calories in 1981-83 but was still below the normative requirement of 2210 calories. In Srilanka the corresponding figure was 2255 calories in 1970-72 and 2217 in 1981-83 compared to the normative requirement of 2220 calories and thus appears to be almost adequate. In Bangladesh calorie availability was 1887 calories in 1970-72 and further decreased to 1878 calories in 1981-83 while the normative requirement is 2310 calories. The daily per capita calorie intake in India was 2012 calories in 1970-72 and 2088 calories in 1981-83 with reference to the normative requirement of 2210 calories. For Pakistan the corresponding figure was 2228 in 1970-72 and 2236 calories in 1981-83 compared to the normative requirement

of 2310 calories. This is not consistant with the data of Micro-nutrient survey[8], which appears to be on the very high side probably due to errors in methodology etc. Thus the calorie availability for consumption is significantly below the normative requirement in Bangladesh, Maldive, Nepal and India and calls for urgent remedial measures. It is pointed out that these are only average figures and the actual situation may be much worse in the low income segments of the population and in vulnerable age group.

Calories are predominantly derived from cereals in all the countries of the region except the republic of Maldive. The contribution of animal products to the total calorie intake in 1980-82 was very low in Bangladesh, Srilanka and India. It was comparatively higher in Pakistan and Maldives but even in these two countries it is significantly below the availability figures of 1970-72. The contribution of fish and sea foods to the national diet of people of this region except Maldives is in the range of 0.09 - 1.20 percent of total calorie intake. The total fat availability in 1980-82 ranged from 7.1 percent of total calorie intake in Bangladesh to 19.7 percent in Sri Lanka. The total fat intake appears to be satisfactory in all countries of the region except Bangladesh. The contribution of calories from sugar, honey and alcoholic beverages ranged from 3.37 percent in Bangladesh to 15.5 percent in Maldive islands, in

1980-82. The contribution of vegetables, fruits and other in 1980-82 to total calorie intake was about 1 percent in Bangladesh, India, Maldive and Pakistan while it was about 6 percent in Sri Lanka. Thus it appears that the average diet of people in South Asia is not adequate to meet their nutritional needs[9].

FOOD DISTRIBUTION:

No data on the food distribution system is available for Bhutan, Nepal and Maldives.

The food stamp system has proved to be an effective intervention in Srilanka to which Rs. 1800 million are allocated. It covers 7.52 million beneficiaries and is being rationalised to include the poorest in-come deciles of the population who consume less than 2000 calories per day. It is proposed to double the food stamp value given to children below 12 years of age. The food stamp system budget has been increased to Rs. 2000 million annually.

The Thriposha programme and the school biscuit feeding programmes constitute the two major supplementary feeding programms in Srilanka. The Thriposha programme covers around 600,000 pre-school children below 5 years of age. The government share of expenditure for this project is Rs. 60 million and CARE, Srilanka provides material resources

such as instant corn soymilk, mineral salts and vegetable oil values at Rs. 48 million. According to recent evaluation, serious logistic and technical problems exist in the implementation of the scheme. Presently the government is considering the re-structuring of the project and its indigenization in view of the likely phasing out of PL-480 assistance. The school biscuit programme is supported by USAID and provides a nutritional supplement for 1.25 million school children (6-9 years age). Recent evaluation has shown that the programme is not producing the nutritional benefits envisaged in the scheme due to targetting and implementation problems. Currently the project is being phased out and the Government is examining alternative strategies like Kola Kenda fortified with soya or a pasturised soyamilk feeding project for undernourished pre-school and primary school children.

The Kola-Kenda programme, too, has limited success. It has a reach of about 177,000 beneficiaries in the age 5-10 years. Over 900 projects are being currently implemented. The involvement of non-government organizations in this programme has been very encouraging. The government spends over Rs. 3 million yearly to sustain this programme.
In Pakistan, a food rationing system is functioning which used to provide atta and refined sugar to the public through ration shops at government controlled, subsidized prices. The sugar has been de-rationed sometime back.
A study on ration atta has shown that it is nutritionally

inferior to the atta available in the local market supplied by the flour mills and it also has a high bran content[10]. However the overall utilisation of ration shops in the country was very high and 78.4 percent of all households used the ration depots for the purchase of sugar. In addition, special low cost foods intended as nutrition supplements for pregrant and lactating women and for infants have at times been given out through government operated maternal and child health centres and rural health centres. Some voluntary health and nutrition organisations e.g. Agha Khan Health Board for Pakistan and the Pakistan voluntary Health and Nutrition Association have been providing food and nutrient supplements in selected areas. A joint nutrition support programme for 1986-89 has been launched by the government of Pakistan recently in collaboration with WHO/UNICEF.

In Srilanka, the food subsidy programme provided a major increment to the calorie value of the diet, with major benefits going to low income groups. The food subsidy, coupled with similiar subsidies in education, health and transportation and a progressive tax structure resulted in major redistribution of income, although such programmes have high administrative opportunity costs (30 percent of national budget, an amount larger than education, defence and health combined) and may adversely affect domestic agricultural production[11].

The food security plan of Bangladesh was formulated on the basis of food needs and the gap between production and need. The impact of this policy on meeting the food needs of poor people has been minimal, and the increased foor production achieved, has failed to close the food gap between rich and poor. Recent study has shown that the modified ration system has been operating at a level that has no substantial impact on household food supplies. The limited food availability has further reduced the share of food for women including pregnant and lactating mothers. The trade policy, particularly the export of frozen sbrimp and transport of fish from rural areas to the city markets, has reduced the supply of fish in village markets and in turn raised the price to a level unaffordable to the poor[12].

The income level of a family, including home food production, delimits the amount of food resources that are available to be distributed. There probably is no more important determinant of food intake for the population as a whole than income. The general household food availability precedes the family dining context, but can nevertheless affect the distribution of food. The variables here set the stage for family decisions about what pattern of intra-family food distribution will be followed. Food is usually obtained by each household through one or more main channels, a buying channel and a production channel. Entrance into and distribution within a channel may often by affected by the men or women who may control one or more of the channels. The conversion of cash into

food brought home is affected greatly by market purchasing power and the selection decision of the purchasing person. Often the pattern of foods selected changes as incomes rise and more expensive fodds are purchased. The person who prepares the meal makes decisions about combination of foods served together, what is to be discarded when trimming and preparing foods, as well as about the form and duration of cooking. This can greatly affect the amount of nutrients lost, particularly from prolonged cooking, prior to serving the foods to the family.

Intra-family patterns of food distribution (IFFD) may differ at different levels of income and food availability. Families may also change their distribution patterns as food become more abundant or scarce. At higher income levels or during excellent crop seasons, the total amount of food available may be more than sufficient to meet all of the family members nutritional needs. At the lowest income levels, where total food availability is inadequate for the household no matter how it is distributed, the IFFD considerations are quite different. First, it must be recognised that somebody (or every body) suffers. At the level of severest consequence, decisions have to be made consciously or unconsciously about who lives or may die. Often the youngest members of the family suffer the most, although it would take the smallest quantities of food to maintain their health. Frequently the wage earners are favoured (some times with higher consumption than nutritionally necessary) so that continued income can be procured to the

family. Another distribution tactic is to share the nutrient deprivation equitably in the hope that all will survive, through to a lesser level of activity and health.

At the intermediate economic levels, where sufficient income and or food is available to meet all household nutritional needs, the questions of IFFD and government/charitable organisation intevention may be posed somewhat differently but may be equally pertinent. Some family members may be deprived while other may over-consume. Income may be diverted to non-food purchases. There may be widespread ignorance of differing nutrition needs of individual family members. Some sex or age group may be favoured over another reflecting cultural values and food beliefs. The major socio-cultural factors affecting IFFD thus are: The prevailing concept towards food, the economic and social position of family members in the society and in their own household and the social functions of food in society and in the household[13-15].

A study of 108 households in rural Bangladesh, showed that the calorie intake of a sizeable proportion of preschool children fell short of estimated energy requirements. These children appeared to satisfy their protein requirements. However for many children this may be unrealistic because of inadequate energy intake[16]. Hasaan and Ahmed[17] in a study of 12 statistically selected

rural locations of Bangladesh found that in the matter of food allocations within the family, children and pregnant and lactating mothers are discriminated against and the community and the family did not recognise the special needs of this group. A survey of 0-19 year infants and children in 12 statistically selected locations in Bangladesh, found a positive and much higher contribution of energy to weight, height and arm circumference compared to protein. A unit change in energy intake was associated with 0.71 percent change in weight, 0.31 percent in height and 0.27 in arm circumference compared to an insignificant contribution of protein to growth. They suggest that such a low effect of protein might be because dietary protein is converted to energy indicating that with the energy dificient diets in Bangladesh, it is energy and not protein that determines growth[18].

Bidinger et al[19] have recently reported a study in 40 families in Dokur village in India on the nutritional and health consequences of seasonal fluctuations in household food availability. They found that protein intake generally exceeded the recommended daily allowances (RDA), while energy intakes were below the Indian estimated requirements. The intake of other nutrients was also below the RDA. The most frequently malnourished were young females followed by young males and then young adult females. Shah[20] studied the demand for high status food and nutrition in Matar Taluka in India and found that the status or high preference food category consisted of food with some calories but little protein, secondly for all decile

groups, a significantly large share of both calorie and protein came from the medium preference foods. Thus contrary to popular belief the relationship between calorie deficiency and income or expenditure level was somewhat weak.

FUTURE CONSIDERATIONS

The Rome Declaration on Hunger states that it is indeed possible to end world hunger by the year 2000. There is a wide consensus that such an objective is feasible technically in that is should be possible to produce sufficient food for six billion people. However, unless major policy innovations take place in many countries, it is likely that an unacceptably large proportion of the world population will not have access to an adequate diet in the foreseeable future.

Quite a few countries have tried land reforms, while in some countries hunger has diminished, in many malnutrition has not been reduced. In Peru, inadequate agricultural pricing policies more than cancelled out the positive income distribution effect of land reforms in the 1960s. In many countries, policy makers cynically maintain policies that benefit politically powerful groups and harm the nutritionally vulnerable. Some countries have been able quite successfully to promote rapid increases in agricultural production. The Phillipines, Kenya and India are cases in point, but unless food policies are

co-ordinated with policies to give the poor access to food, adequate nutrition will not be achieved. The major difficulty faced by policy makers in developing countries intent on alleviating hunger is the nature of price and income elasticities of demand for food. Thus any increase in food supplied might decrease the net income of farmers because of decreasing farm gate prices.

Realistically, the food subsidy or income transfer schemes must be well targeted in order to keep government expenditure at a reasonable level. On economic and humaintarian grounds, it is probably best to design systems for increasing food intakes of pregnant and lactating mothers and children below two years of age. These are usually the most vulnerable to malnutrition. Food subsidies to these groups may not entail excessive costs.

Agricultural research and technological change are of prime importance in efforts to expand food production, generate economic growth, and reduce poverty, and to alleviate hunger and malnutrition. The effect of agriculture research on nutrition depends both on the nature and design of research and on public policies that are in effect. This implies that if nutritional goals are explicitly considered when decisions about the design and modification of agricultural research and public policies are made, the nutritional effects may be greater than if it were assumed that nutritional goals would be met if production were simply increased.

It is imperative that these goals are incorporated in the establishment of commodity priorities, commodity characteristics, technology characteristics and the production system. The incorporation of these goals into agriculture and the pursuit of suitable public health, family planning and welfare policies are likely to produce the optimum results in the countries of South Asia.

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Table 1

Production of Major Food Commodities in South Asia 1974/76 to 1981/83

(1000 Metric Tons)

Country	Cereals		Pulses		Sugar		Milk		Meat		Eggs	
	1974-76	1981-83	1974-76	1981-83	1974-76	1981-83	1974-76	1981-83	1974-76	1981-83	1974-76	1981-83
Bhutan	141	179	2	3	3	NDA	NDA	13	2	3	0.093	0.213
Nepal	3779	4252	54	75	11	13	210	812	7	81	13.000	17.500
Bangladesh	18112	23402	223	213	526	591	1021	1408	226	297	60.594	81.000
Sri Lanka	1391	2689	12	39	17	31	153	286	85	30	17.212	32.063
Maldives	1	(*) NDA	(*) NDA	NDA	NDA	NDA	NDA	NDA	1	222	NDA	NDA
Pakistan	13302	17811	781	824	1993	2721	2426	9937	630	791	44.800	204.200
India	118742	164573	10938	12085	12967	16310	11644	41000	714	1036	463.333	81.000

Source: FAO production year Book Vol. 38, 1985.

(*) No data available in FAO production year Book, 1985.

Table 2

Food Supply of Major Nutrients in South Asia (1981-83)

Per Capita Per Day

Country	Calories	Protein (gms)	Fat (gms)	Calcium (mg)	Iron (mg)	Retional Equivalent (ug)
Bhutan	NDA	NDA	NDA	NDA	NDA	NDA
Nepal	2008	48.7	27.6	304	12.1	273
Maldives	(*) NDA	NDA	NDA	NDA	NDA	NDA
Sri Lanka	2217	42.7	50.0	292	12.2	333
Bangladesh	1878	40.3	15.1	176	10.0	274
Pakistan	2236	58.6	45.7	460	16.5	589
India	2088	50.8	33.8	391	16.9	508

Source: FAO Production year Book, 1985.

(*) No data available in the production year Book, 1985.

Table 3

Availability of Calories From Food Commodities in South Asia

1980-82 Averages

Country	Calories Normative	Calories Available (1981-83)	Cereals	Animal Products	Pulses Beans	Total Fat	Others
Bhuttan	2160	NDA	NDA	NDA	NDA	NDA	NDA
Nepal	2200	2008	79.4	5.9	1.7	12.7	0.3
Maldive	2210	2039	53.6	6.1	5.2	12.7	22.4
Sri Lanka	2220	2217	56.3	4.2	1.0	19.7	18.8
Bangladesh	2310	1878	85.3	3.1	1.1	7.1	3.4
Pakistan	2310	2236	62.8	7.8	1.9	18.5	9.0
India	2210	2088	61.4	4.1	5.7	14.8	14.0

Sources: 1. FAO regional office for Asia-Pacific monograph No. 9, 1985.
2. FAO Production year book, 1985.