

Is There any Window of Opportunity to Tackle Geriatric Malnutrition?

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Abstract

India has seen an increase in its greying population in recent years. The elderly population has a lot to contribute to society, but various problems like malnutrition can hinder their activities. India has been taking various nutritional interventions but has mainly focused on women and children, while the elderly have been neglected. Even after taking nutritional programmes to national platforms, the sustainability question hovers in the policy makers' minds. Advanced and novel steps should be taken to ensure the long-term viability of existing programs, which can serve as the foundation for new interventions for the new group. Public health should participate in the new schemes that are currently in place to achieve the other SDGs (Sustainable Development Goals), as the SDG 2030 agenda brings different opportunities to act against malnutrition.

Keywords: Aged, Humans, Child, Female, Sustainable Development, Goals, Administrative Personnel, Malnutrition.

INTRODUCTION

Globally, the elderly population constitutes about 12% of the total population of 7.3 billion i.e., 864 million. By 2050, the world's old population will have doubled to 2 billion, accounting for 22% of the worldwide population. In India, the size and percentage of the elderly population have been increasing in recent years and its trend is likely to continue in the coming decade.^[1] The elderly are a vulnerable group, and many cultures look down on them, neglect them, discriminate against them, and refer to them as useless.^[2] Many factors like dietary intake, chronic illness, social support, etc. influence their health and vulnerability.^[3] The nutrition of the elderly can affect immunity as well as functional ability, so it is an important but underrated domain in this age group. Various studies mentioned that factors like feeding difficulty, reduced mobility, psychological distress, being widowed, illiteracy, caring for children, poverty, and poor access to health and social services make the elderly more vulnerable to malnutrition.^[4,5] It is important for us to understand the problem of malnutrition in the elderly and to promote their healthy aging.

The Food and Agriculture Organization recently published the global hunger index ranking, which brought unwelcome news for India. India stands at the 107th position out of 127 countries, which it has denied by claiming an international conspiracy against the nation. The question arose: how could the global ranking fall when the various nutritional programmes are benefiting the community? Various institutions have been brought in to act and activate various nutritional programmes in India. However, the programmes'

sustainability and success are short-lived. How can anyone expect India to implement another nutritional programme for vulnerable groups such as the elderly in such circumstances?

India's Step in Nutritional Strengthening till Date

India has made efforts to construct safety nets through the public distribution system (PDS), integrated child development scheme (ICDS), and mid-day meal scheme (MDM). Other nutritional interventions for maternal and child nutrition include pm's overarching scheme for holistic nutrition (POSHAN), national deworming day, vitamin A prophylaxis programme, mothers' absolute affection (MAA), Anemia Mukta Bharat, intensified diarrhoea control fortnight, nutritional rehabilitation center (NRC) etc. Nikshay and matruvandana yojana are centrally funded direct benefit transfer (DBT) schemes for the nutritional upliftment of vulnerable groups. The majority of programmes are mainly focused on children and women because the first 1000 days and adolescent phase are regarded as windows of opportunity for interventions for a healthy life. However, considering the demographic pyramid with a greying population, public health must consider geriatric nutrition in order to improve the quality of life of the elderly and promote healthy ageing.

The National Programme for the health care of the elderly (NPHCE) programme began in 2010-11, but geriatric care was

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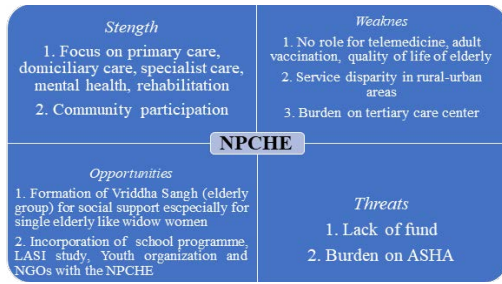


Figure 1: Swot of NPCHE

regarded as a Herculean task in India due to a lack of resources and capacity building in the geriatric care domain. The strength weakness opportunity threats (SWOT) analysis also explains that nutrition can be left behind when clinical care overpowers preventive care (Figure 1).

The country has been actively participating in national and international domains such as the G20 summit, where it has discussed political, economic, and food security issues, but grassroots realities remain invisible. Complaints from the workforce, executives, politicians, and general people are a barrier to any programme. Even though monitoring is crucial, the function of public health is mainly focused on implementation. This leads to the issue of how to ensure long-term sustainability. The sustainability of the existing programme can be used as a basis to enhance the framework of a new intervention. For example, the Anemia Mukh Bharat program has six beneficiary groups, but women, adolescent girls, and children under five are the most common. The programme should make efforts for other groups, like school-going children and adolescent boys, whose success can encourage the other group to join the programme. The rate of anemia in the tribal area of Gadchiroli dropped significantly due to the success of the project under which (iron) biofortified rice was made available through PDS. The project can be uplifted by the various regions in which cost-effective intervention could quell the problem of malnutrition.

Transparency should be introduced into programmes in this digital era by increasing digital literacy. The quality of food items, maintenance of hygiene and sanitation, job-in-training, digital literacy, regular follow-up, and active community participation are necessities of the given hours for the nutritional programme. The public health aspect of geriatric nutrition can be enhanced by strengthening and incorporating the existing nutritional program with NPCHE.

SDGs: An Opportunity or Challenge to Tackle Malnutrition?

India is on the path to achieving economic growth and social development by adopting the Sustainable Development Goals (SDG) 2030 agenda. SDG 2 (End hunger; achieve food security and improved nutrition; and promote sustainable agriculture) is directly related to malnutrition and food security, while the other 16 goals are indirectly linked to nutrition.

- Education, economic growth, and gender equality with equal opportunities (SDG 1, 4, 8, 5, and 10) can lead to proper food choices.
- A nutritional diet can achieve good health and well-being (SDG 3).

- Clean water and clean energy with advanced technology can ensure food security (SDG 6, 7, and 9).
- Climate action, sustainable cities, and responsible production can reduce the impact of pollution and the competition for food resources (SDG 11, 12, and 13).
- A good environment for life below water and on land can open doors for new opportunities in farming and food consumption (SDG 14 and 15).
- Different communities can tackle nutritional problems through peaceful and collaborative measures (SDG 16 and 17).

Public health should participate in the new schemes that are currently in place to achieve the other SDGs, as the SDG 2030 agenda brings different opportunities to act against malnutrition. The intersectoral collaboration will increase the effectiveness of programs, and resources will not be wasted repeatedly. The public health system should be aware of new interventions like the rainbow revolution, genetically modified crops, and food ratings in PDS and deliberately take a stand during policy formulation, implementation, and monitoring. Existing tools, such as biofortification, the millet revolution, dietary counseling, and crop genetic modification, are being discussed in SDG agenda. Now is the opportunity for the government to employ these tools strategically and raise their level. The involvement of a local body, NGOs participation, and a comprehensive nutritional assessment by clinical staff should be promoted.

Even after all of this, casteism, corruption and gender inequity continue to be impediments in the nutritional war. Thus, it is critical for individuals to maintain their morale and join in this difficult battle for the country.

CONCLUSION

Advanced and innovative measures should be employed to secure the long-term sustainability of current programmes, which can act as the basis for novel interventions for the new group. SDGs can serve as a window of opportunity to tackle the malnutrition problem in public health. The public health sector should step in and contribute to the formation of multilateral projects to combat malnutrition.

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