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Between Sociology of Nutritional Health and Economics of Infant Milk, the Assessment of NFSA in addressing Food Security among Newborns in India

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Abstract

The National Food Security Act (NFSA) is positively addressing the challenges of nutritional food security and related issues entangled with it. Through PDS, MDM and ICDS, it has targeted women of adult age to school-going girls and infant babies. Positive outcomes were worth appreciating, but what remained un-noticed is the plight of new born babies facing shortage of milk supply. The driving factors range from incapacities of lactating mothers due to their physical structures or stress of physical work for which they fail to deliver sufficient amount of baby milk. Rationing support system is strictly tenure based for their pre- and post-pregnancy period which cannot ameliorate their long-term bodily deficiencies. This drives the urgency to sustain infant with external supply of infant milk from the market. Neonatologists prescribe such remedies only in emergency situations as the law forbade promotion and practice of infant milk consumption from the market. This could be the reason for NFSA not having any such provision of external infant milk supplies. Contradictorily, the market share of infant milk is expanding with rising consumers for infant milk supply. They range from parents of nuclear families to working women. With the rise of consumers and market share for producers, the law somehow results into compromise. In these complexities, the paper is an effort to unfold the sociology of nutritional health with that of economics of infant milk market whilst the assessment of NFSA.

Keywords: *NFSA, ICDS, Food Security, Nutrition, Infant-Milk, Pharmacy, Neonatologist.*

Introduction

The challenges of food security have bewildered policy making amidst of sufficiency to abundance of food production at all the levels. The problem has entangled population of all categories which include age, gender and otherwise. Efforts were uplifted to ameliorate the situation but the results were unsatisfactory. Positive outcomes heralded when national food security act was implemented with massive budgetary costs and policy measures. The nutritional health of people was the prime objective but societal issues were also blended in it. Keeping women at the helm of all affairs, the law has a plethora of other sociological concerns like empowerment, decision-making, literacy etc. to transform health with other societal challenges.

The law has addressed women in three specific segments from the adult, to school-going and infant babies through PDS, MDM and ICDS. Transformative positive outcomes were worth appreciating but what remained un-noticed was the plight of starving infants running shortage of mother-milk. Poor women to single mothers surviving on minimal of food-intake have issues with delivering sufficient mother-milk for the infants. Rationing support to lactating mothers

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for stimulating breast-feeding were not sufficient when anatomical fragility was bounded from long-term. It necessitates the supply from market. But the law discourages such infant milk consumption and its promotion in multiple ways. Here comes the catch. The medicinal research established that there cannot be any possible substitute of mother's breast-milk. Ethical reasons also supported this age-old practice with negligible alternate except in medical emergencies or otherwise. It has every possible positive connotation until one finds herself unable to deliver breast-milk to the infant. The reasons are biological where the anatomy of woman body declines to deliver the milk. Fragility, incapacity or poor health in nutshell is the causal factor for that. Now, they have to rely on the alternatives. Infant milk from the market is the only rescue. This results into a silent death to prescription tendered under ethics and medicinal sciences.

Infant milk powder market is also not an easy thing to explore in India. They have their own challenges and limitations. The very first thing that bothered the pharmaceutical companies is about the costs involved in production of certain products. Since, baby milk powder involved heavy costs, not every single player has entered in the market. Another factor is the strict compliances for the food product, as it falls into that category where the consumers are extremely delicate at their health. Any negligence or risk can be fatal. Pharma companies also have challenges with market as they can produce, stock and transfer the product but cannot promote or publicize. This is restrained in the Indian law. The challenges further become intense when infants are found allergic to certain kind of baby powder milk. Thus, with limited players in the market, consumers were left with limited choices to exercise with.

The infant milk powder market with limited pharma companies is a win-win situation for them, as they can fetch profit due to their being early entrants. A recent study by Global Data in 2022 claimed that Indian baby food market and share will be ever expanding in the coming years. Consumers are also at their mercy as 700 grams to 1000 grams of infant power milk costs from 700 INR to 1000 INR easily. This is not a reasonable price for the poor to afford on routine basis.

The Economics of Infant Milk

There are few but dominant market players from pharma companies that governs the business of medicines and allied food products which includes baby milk powder. Their financial holdings can be analyzed from the fact that they vociferously promote the market of infant milk and related items which were restrained under the law. The Times of India has reported this abuse done through multiple times when these companies not only promote but also finance the activities involving trade and promotion of these products with involvement of doctors. They have risen to a dominant level where they certainly govern or lobby for their sustenance of business.

The rise of consumerism is one part but there are other societal complexities which gave space for these commodities. Specifically, the nuclear families in urban cities with working women, compelled by their routine lifestyles were left with no other alternate rather to rely on the market trends. They have to have their children raised with the external supply of feeding baby milk.

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Urban lifestyles have brought negative impacts on the middle class which accounts to the largest segment of Indian population. Women in these categories are now tangled with challenges of poor health or what is called under-nutrition. The problem emanated not because of scarcity of food rather over-consumption of food specifically junk food to lifestyle issues. It results in obesity and poor health which results in inability to produce milk for the new born babies. In many cases they are fail to produce sufficient milk for the infant. The other category of women is the economically poor segment of women who lost their efficiency to produce infant milk due to their poor health which is the outcome of poverty and scarcity of resources. They have anatomically weak bodies which cannot deliver sufficient baby milk. In both the cases women failed to meet the food requirements of the infants. Hence, they seek to external supplies and of them the resourceful can afford while the poor left with negligible alternate.

Ethically, one can denounce the external supply of infant milk but the compulsions are complex. Total eradication of baby powder-milk is now impossible. Also, the controlled supply cannot be advisable as the consumers are infants with survival issues. This has created a space for pharma industry to play at their own will. In India, few dominant pharma industries which supply infant milk in various brands are following:

Pharma Company	Brands
Nestle	Lactogen & NanPro
Danone	Aptamil
Abbott Laboratories	Similac
Reckitt Benckiser	Enfamil
Glenmark Pharmaceuticals	Zerolac

The numbers will certainly rise in future and so the volume of trade and market share in terms of supply and profit sharing. The concern is to control the inflating prices of these products with suitable policy interventions. They are beyond the budgetary expenditure of the lower to middle-class families. If the input costs are high, they can further be controlled with involvement of new technologies and obviously new industries with start-ups. The economics of profit shall not overshadow the ethics of practicing baby-feeding which is paramount human practice. The caution must be loud enough to prevent any promotional campaign that overtake the mother breast-feeding with the supplies of market products.

Sociology of Nutritional Health

No milk can be better than the mother-milk as it does have all the essential nutrients required for growth of infant brain and their overall body. Keeping this under consideration, NFSA has employed ICDS (Integrated Child Development Scheme) to cater the demands of both pregnant and lactating mothers. The law has legally entitled them with free supply of hot-cooked meal delivered to them either through Anganwadi Centres or via doorstep delivery. In case they fail to deliver their mandate, the beneficiary women are entitled for food-coupons or amount in lieu of food. NFSA has ensured strict compliance without any lapse. Through e-governance the beneficiaries were routinely kept under surveillance for their health and well-being. Negligible chances were there for survival of ghost entries and dummy beneficiaries within the act.

But the act has overcalculated the impact of policy measures when it comes to targeted pregnant and lactating mothers. Pre-to post delivery of babies, the mothers were entitled with supply of

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food for the well-being of their offspring. But the deformed bodies physically unfit to deliver suitable milk were not seriously researched. Poverty ridden women working in home or outside has plethora of things to deliver through their limited capacities. The body were debarred of food supplies for years and then one day they started receiving food and other nutrition from the agencies. By that time the bodies already saturated of delivering promises. It has left with vacuum to deliver when it comes to babies. Poor women beneficiaries under NFSA who were pregnant or lactating mothers went into trouble when they fall short of breast-feeding. In many cases women doesn't have any quantity of milk to feed their babies. In these situations, they can only rely on the external supply of infant milk. But the prices are unaffordable for them. Thus, they were left with an infinite trouble. ICDS driven Anganwadi women workers are not magicians to result miracles. The problem of breast-feeding is practical and must require a practical solution. The NFSA has a serious lacuna on this issue. The sociology of nutritional health as envisaged through NFSA has ethical concerns with vital measures in form of policy implementation. Women in three separate categories were targeted beneficiaries with appropriate legal entitlements, enforced through the law. But the failure on account of infant milk is noteworthy. Interestingly, the girl-child covered under the Mid-Day Meal (MDM) Program were often supplied with condensed powder milk and iron-folic tablets on regular basis. If these commodities were produced by the government listed agencies, they can produce infant milk too. The absence of such commodity or provision requires suitable intervention.

The dichotomy that remained there is not about sociology of ethics, recommending infant milk rather the economics, that government shall or shall not control the companies with soaring prices of the product. The need here is to intervene with state owned production of infant milk or state controlled infant milk prices. Technological inputs do require monetary costs, but investment in that sector has a greater cause of sociology of health than the economics of market or profit sharing. The issue requires urgent policy intervention to address the complex nature of the problem in consideration.

Conclusion

The nutritional health of infant is an inherent part of health and food security of people in India. The issue of infant milk was hardly discussed in policy-making which gave an escape route for private players to act whimsically on prices of the product creating wealth at the cost of health of the newborn. This has created an environment of an unease for those who are dependent on infant milk. The state is required to intervene urgently to address the issue before the economics of market and profit, overshadow the sociology of ethics and urgency of food security in India.

References

1. The National Food Security Act, 2013, Government of India.
2. Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992.
3. India Baby Food Market Size by Categories, Distribution Channel, Market Share and Forecast, 2022-2027, GlobalData, retrieved from https://www.marketresearch.com/GlobalData-v3648/India-Baby-Food-Size-Categories-31468752/#toc
4. Despite ban, marketing of breast-milk substitutes continues, *Times of India*, 25th May 2018.

ISSN PRINT 2319 1775 Online 2320 7876
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5. Kamtaprasad, Satish & Tiwari Pushpa Chaturvedi (2003), The IMS Act 1992: Need for More Amendment and Publicity, *Indian Paediatrics,* August 2003.
6. India's Infant Milk Substitutes Act, Monitoring, and Enforcement, Yale School of Public Health, 30th May 2018.
7. Formula Milk puts babies' health at Risk: Study, *Times of India*, 03rd September 2010.