Pandemic-Era Disruptions Linked to 14% Increase in Underweight Children

Indian policymakers can safeguard children’s nutrition during future crises by diversifying agriculture and bolstering safety net programs

Study Overview
TCI researchers examined survey data collected from 511 households in Bihar and Odisha in June 2017 and July 2021, about 18 months after the pandemic-related lockdowns in India. The survey data included a wide range of information about food consumption and nutrition, including height and weight measurements of children under the age of 5. Data from 622 children were used in the study.

Background
In response to the spread of COVID-19, the Indian government instituted a nationwide lockdown from March–May 2020. Disruptions to agricultural supply chains subsequently led to price fluctuations, especially for nonstaple foods. The lockdown also impeded access to safety net programs for children and mothers. Previous TCI research has found that women’s dietary diversity worsened during the pandemic.

RESULTS
TCI researchers found that the percentage of underweight children increased from 31% in 2017 to 45% in 2021, with children under the age of 2 disproportionately impacted. Most of the shift occurred in children who already had a low weight for their age in 2017. A number of factors were behind a child’s weight-for-age worsening, namely reduced access to food safety net programs like Integrated Child Development Services (ICDS) and the POSHAN or Mid-Day Meal Scheme. Children with higher access to ICDS and cultivated pulses and vegetables in 2021 experienced an improvement in weight during the pandemic.

POLICY RECOMMENDATIONS
• Incentivize the diversification of agriculture to ensure access to diverse, nutritious foods.
• Encourage diverse agricultural production at the household level to improve household resilience to market disruptions.
• Take steps to minimize potential disruptions to ICDS, POSHAN, and other programs that provide supplementary nutrition for vulnerable groups.
• Explore the use of direct cash transfers when the physical delivery of services is difficult.
• Prioritize the restoration of maternal and child-care services during future public health crises.


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