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DAILY CURRENT AFFAIRS DATED 19.06.2026

GS Paper II: Current Affairs

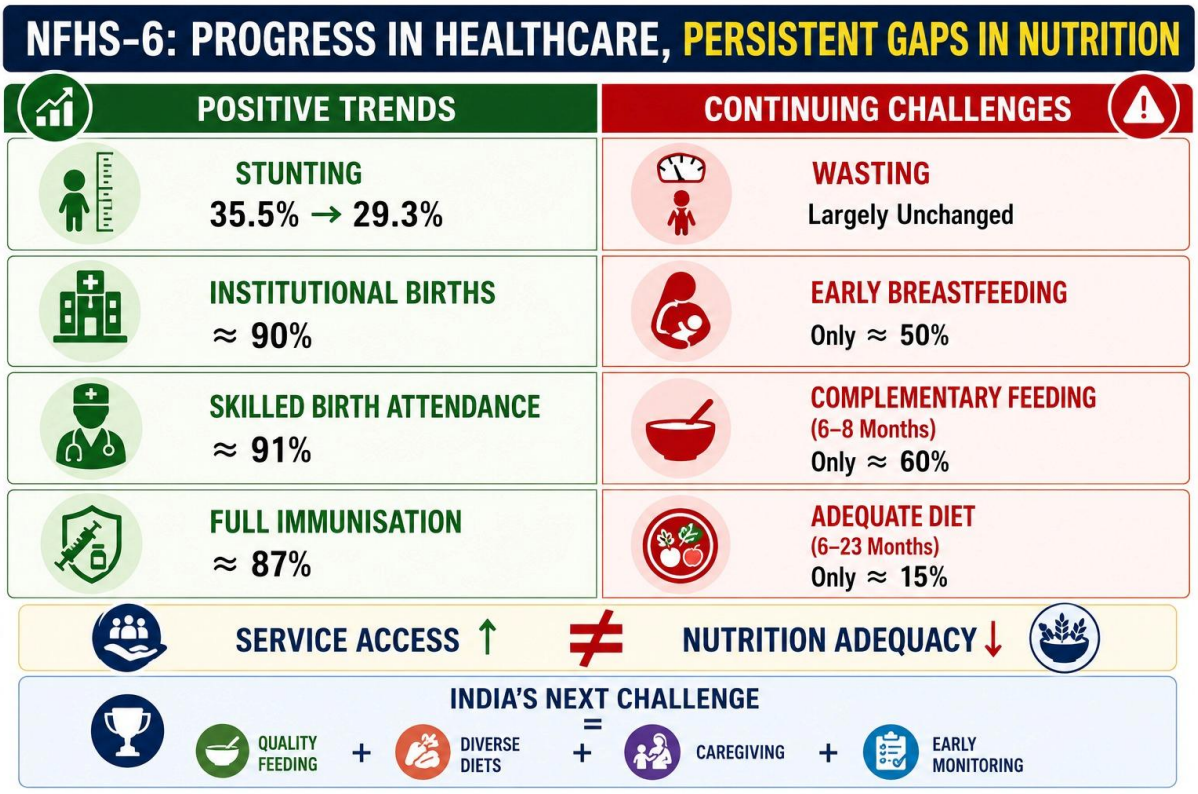
1. NFHS-6 and Child Nutrition in India

a. Introduction

The National Family Health Survey-6 presents a mixed picture of India's progress in maternal and child health. On one hand, indicators such as institutional births, skilled birth attendance, immunisation and stunting have improved. On the other hand, child nutrition continues to face serious challenges, especially in breastfeeding, complementary feeding, dietary adequacy and early detection of growth faltering.

This issue is important because child nutrition is directly linked with human capital formation, learning outcomes, disease resistance and long-term productivity. Malnutrition in early childhood is not only a health problem. It is also a social justice and development concern.

Thus, NFHS-6 shows that India's challenge has shifted from merely expanding health service access to ensuring quality nutrition, caregiving and early childhood development.



b. Key Findings

NFHS-6 shows both progress and persistent gaps in maternal and child health.

Positive Trends

- Stunting among children under five has declined from 35.5 per cent to 29.3 per cent.
- Institutional births have reached around 90 per cent.
- Skilled birth attendance is around 91 per cent.
- Full immunisation has increased to 87 per cent.

Continuing Challenges

- Wasting remains largely unchanged.

- Only about half of newborns are breastfed within one hour of birth.
- Only around 60 per cent of children between six and eight months receive timely complementary feeding.
- Only about 15 per cent of children between six and 23 months receive an adequate diet.

These findings show that India has made progress in expanding health service access, but nutrition outcomes still depend on feeding behaviour, dietary diversity, caregiving support and local monitoring.

c. Achievements

India's progress in maternal and child healthcare is significant.

Improved Maternal and Child Health Services

- Expansion of institutional deliveries has improved the safety of childbirth.
- Skilled birth attendance has reduced risks during delivery.
- Higher immunisation coverage has strengthened protection against preventable diseases.

Broader Developmental Improvements

- Improvements in sanitation have contributed to better child health.
- Better housing conditions have reduced exposure to disease.
- Maternal education and public health outreach have supported behavioural change.

Role of Frontline Workers

- Accredited Social Health Activists have supported antenatal care and community mobilisation.
- Anganwadi Workers have contributed to nutrition counselling and growth monitoring.
- Auxiliary Nurse Midwives have strengthened immunisation and maternal-child health services.

These achievements show that sustained public health outreach can produce measurable gains. However, the persistence of dietary and feeding gaps shows that the next stage requires deeper behavioural and nutritional interventions.

d. Persistent Challenges

Several structural and behavioural challenges continue to weaken child nutrition outcomes.

Poor Infant Feeding Practices

- Early initiation of breastfeeding remains inadequate.
- Complementary feeding is often delayed or insufficient.
- This is critical because the first two years shape physical growth, brain development and long-term health.

Dietary Quality Gap

- Children may not receive diverse and nutritious diets even when household food spending rises.
- Diets often remain cereal-heavy.
- Intake of pulses, eggs, milk, fruits, vegetables and culturally acceptable animal-source foods remains inadequate.

Maternal Time Poverty

- Many women perform paid work along with unpaid household and caregiving responsibilities.
- This reduces time available for breastfeeding, preparation of nutritious meals and responsive childcare.

- Women's care burden directly affects child feeding practices.

Affordability Constraints

- Nutritious foods are often costlier than calorie-dense processed foods.
- Poor households may satisfy hunger without meeting nutrition needs.
- This creates a gap between food availability and nutrition adequacy.

Weak Local Monitoring

- Growth faltering is often detected late.
- Children may enter a cycle of undernutrition and illness before corrective action begins.
- National averages hide sharp inter-state and intra-state disparities.

These challenges show that child nutrition cannot be improved through health infrastructure alone. It requires household-level behavioural change, local monitoring and broader social support.

e. Key Policy Lessons

NFHS-6 offers important lessons for India's nutrition strategy.

Focus on the First 1,000 Days

- The period from pregnancy to two years of age is the most critical window for preventing malnutrition.
- Interventions during this period have lifelong effects on health, learning and productivity.
- Delays during this stage can result in irreversible developmental losses.

Go Beyond Healthcare Expansion

- Better hospitals and institutional deliveries are necessary but not sufficient.
- Immunisation must be combined with improved feeding practices and dietary diversity.
- Sanitation and caregiving support are equally important.

Prioritise Prevention of Growth Faltering

- Prevention must receive attention alongside treatment of severe malnutrition.
- Early identification, counselling and local follow-up are essential.
- Timely intervention can prevent chronic undernutrition.

These policy lessons indicate that India must move from a service-delivery approach to a child-development approach in nutrition governance.

f. Maternal Time Poverty and Child Nutrition

Women's unpaid care work and informal employment directly affect child nutrition.

Link with Nutrition Outcomes

- When mothers lack time, rest and income security, breastfeeding becomes difficult.
- Preparation of nutritious complementary food also becomes harder.
- Responsive childcare suffers when women carry excessive work burdens.

Need for Social Support

- Child nutrition policy must include crèches and childcare facilities.
- Shared caregiving within families should be encouraged.
- Maternity support and women's economic empowerment are essential.

Nutrition is not only about food availability. It is also about who has the time, knowledge, income and support needed to feed a child properly.

g. Way Forward

India should adopt a stronger, prevention-oriented and community-based nutrition strategy.

Strengthen Feeding Counselling

- Counselling on exclusive breastfeeding should be improved.
- Early initiation of breastfeeding must be promoted.
- Timely complementary feeding should be explained through practical and culturally sensitive guidance.

Improve Frontline Capacity

- Anganwadi Workers, ASHAs and ANMs should be trained for effective nutrition counselling.
- Growth monitoring should be linked with household follow-up.
- Monthly anthropometric data should be used for early identification of stagnation in weight or length.

Use Digital Tools Carefully

- Digital tools can help identify children at risk of growth faltering.
- Local data analytics can improve targeting of interventions.
- Technology should support, not replace, frontline counselling and community engagement.

Promote Local Nutritious Foods

- Affordable and locally available nutritious foods should be promoted.
- Dietary guidance should align with Indian Council of Medical Research recommendations.
- Nutrition education should encourage dietary diversity rather than dependence only on packaged supplements.

Strengthen Multisectoral Convergence

- Health, nutrition, sanitation, education and Panchayati Raj institutions should work together.
- Community crèches should be expanded to reduce women's unpaid care burden.
- Fathers and other family members should be encouraged to participate in childcare and nutrition.

A successful child nutrition strategy must combine food, care, health services, sanitation, gender support and local accountability.

Conclusion

NFHS-6 shows that India has made notable progress in reducing stunting and improving maternal-child healthcare. However, the next phase of nutrition policy must focus more sharply on quality diets, infant feeding practices, early growth monitoring and multisectoral convergence.

The central challenge is to move from survival-oriented child health to development-oriented child nutrition.

India must ensure that every child is not only born safely and immunised, but also properly nourished during the most critical years of life.

Reader's Note — About This Current Affairs Compilation

Dear Aspirant,

This document is part of the PrepAlpine Current Affairs Series — designed to bring clarity, structure, and precision to your daily UPSC learning.

While every effort has been made to balance depth with brevity, please keep the following in mind:

1. Orientation & Purpose

This compilation is curated primarily from the UPSC Mains perspective — with emphasis on conceptual clarity, analytical depth, and interlinkages across GS papers.

However, the PrepAlpine team is simultaneously developing a dedicated Prelims-focused Current Affairs Series, designed for:

- factual coverage
- data recall
- Prelims-style MCQs
- objective pattern analysis

This Prelims Edition will be released separately as a standalone publication.

2. Content Length

Some sections may feel shorter or longer depending on topic relevance and news density.
To fit your personal preference, you may freely resize or summarize sections using any LLM tool (ChatGPT, Gemini, Claude, etc.) at your convenience.

3. Format Flexibility

The formatting combines:

- paragraphs
- lists
- tables
- visual cues

—all optimised for retention.

If you prefer a specific style (lists → paras, paras → tables, etc.), feel free to convert using any free LLM.

4. Monthly Current Affairs Release

The complete Monthly Current Affairs Module will be released soon, optimized to a compact 100–150 pages — comprehensive yet concise, exam-ready, and revision-efficient.