

Book review

Nutrition in developmental transition in South-East Asia.
Editor C. Gopalan. World Health Organization, Regional Office of South-East Asia, New Delhi, 1992.

This book contains important data, references, concepts and ideas on nutrition in nine out of eleven South-East Asia Region (SEAR) of World Health Organization (WHO) countries, namely Bangladesh, Bhutan, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand.

In Chapter 1, it is discussed that despite significant progress in health and nutrition achieved by many countries of the Region, those that are in developmental transition, carry a double burden of 'old problems' which they have not as yet completely solved (like undernutrition), and 'new problems' which are emerging largely as by-products of development (like degenerative diseases). This situation will have implications on the health/welfare budgets of the countries of the Region.

Chapter 2 deals with food production and consumption trends. It is appreciated that during the last few decades, elimination of large-scale famines has been achieved. However, the distortions in patterns of food production which ignored production of pulses, can compromise protein qualities of dietaries especially in poor households. The possible declining productivity of land (caused by changes of cultivation) and water resources (caused by individual pollution) need to be watched with great care and concern. Changes in dietary practices, for example high fat intake, high sugar/energy intake societies in the Region also need consideration. Dietary guidelines should discourage unnecessary limitation of Western dietary practices. Great attention should also be paid to contamination of food with pesticides and industrial pollutants.

Chapter 3 discusses the changing course of some diet-related diseases. Various data on nutrition status from some of the countries of the Region (India, Myanmar, Bangladesh, Nepal, Indonesia) are presented. It can be concluded from the data that the decline in the incidence of 'severe' malnutrition (for example in India) does not indicate any significant improvement in the dietary intake, and the improved nutritional status is predominantly attributable to more prompt and efficient control of superadded infections, which generally serve to aggravate the severity of clinical undernutrition, than to dietary improvement.

Chapter 4 explains new dimensions of 'old problems' which are nutrition-related public health problems, namely goitre syndrome, hypovitaminosis A and iron deficiency anaemia. In terms of the goitre syndrome, it should be noted that there is evidence for the emergence of goitre endemicity in some new areas not known to be goitre endemic (eg the irrigated plains). The benefits of salt iodation over iodised oil injections – low cost, effective, no risks of AIDS and hepatitis infection – also merit consideration.

Although keratomalacia caused by hypovitaminosis A declined sharply, concrete programmes for augmenting

the production of β -carotene rich foods and for increasing their intakes in the dietaries of women and children of the Region should be encouraged. This then will allow synthetic vitamin A to have its legitimate place in the treatment of established and refractory cases of vitamin A deficiency.

Iron-deficiency anaemia in pregnancy is an important risk factor, contributing to the high incidence of low-birth-weight deliveries. Appropriate strategy for its control should be implemented. Iron folate tablets should be made freely available to all girls in the countryside immediately after marriage; and these need not wait for the arrival of pregnancy. This is due to the high prevalence of anaemia of girls between 6 and 14 years of age. However, the complication of zinc deficiency needs careful investigation.

Chapters 5, 6 and 7 contain discussions of three major repercussions of 'development', namely environmental degradation, urbanization, and ageing of populations, as part of demographic transition, and their implications with respect to the nutritional status of populations. Some nutritional implications which are caused by rapid urbanization in transitional societies are: impaired infant nutrition, increased risk of infections, increased consumption of unwholesome, 'ready-to-eat' foods, and for the elderly, aggravation of nutrition problems of the rural aged.

The declines in fertility and mortality in the Region cause the demographic transition which is characterized by the progressive ageing of population. However, the dilemma appears, as whether a population policy which results in too rapid ageing of the Regions societies, long before they are able to achieve a level economic prosperity that will enable them to support their aged dependents, will be to their disadvantage. Reordering of priorities with respect to social security and health care, and employment (retirement), will become necessary. These considerations have an important bearing on not only the health status but the nutritionally status of the elderly population as well.

In Chapter 8, it is summarized that with 'development', the incidence of degenerative diseases and cancers escalates. Possible role of dietary factors should be recognized. Various data from SEAR support the evidence that cancer and coronary heart disease increase with affluence. Efforts must be made to minimize these trends.

Strategies for combating undernutrition for the future is discussed in Chapter 9. Current nutrition programmes can include the integrated maternal and child health. It is also important that, in the next two decades, programmes aimed at improving the competence of adolescent girls are given adequate attention.

Finally, Chapter 10 summarizes the nutrition agenda for the turn of the century. It covers the nutrition goals and the strategies to achieve the goals. Nutrition research efforts of the future should respond to the changing needs in order to be meaningful.