NO SPOT SOLUTIONS: VITAMIN A SUPPLEMENTATION IN INDIA

I read Wallace’s article1 with interest. Although it was a good article, Wallace missed the most salient argument in support of the antisupplementation side: half of Indian children have stunted growth because of macro-level undernutrition that is inclusive of total calorie intake and a host of micronutrients—a problem that India has made no substantial progress in addressing. Vitamin A is important but it is only one aspect, and in many ways a symptom, of a much bigger nutritional issue. Vitamin A does not directly stunt children’s growth. Addressing Vitamin A as a single issue with a spot solution is not necessarily the best use of resources.

Our society, however, is fond of spot solutions. A 2007 Lancet article is a good example.2 The author starts out by describing the rampant child and maternal malnutrition in India as a holistic problem, including the very real issue of girls and women being undernourished because they do not get the first choice of food even within families that have the means to feed them. (I have seen the lack of first choice in even well-to-do families.) The author then focuses on the importance of iron tablets for expectant mothers as if that will cure the effects of maternal and child undernutrition. Although public health education of adolescent girls and mothers is mentioned, there is no mention of getting said young women and their children more food!

With respect to vitamin A, there is another interventional alternative to supplementation called Golden Rice—rice genetically modified to have high vitamin A content. Its use and development is opposed in many of the same ways as vitamin A supplementation, as well as by all the arguments against genetically modified crops.3 My opinion is that it could be a useful tool in a holistic approach to the improvement of nutrition.

Let’s work together to figure out how to feed the children and women of the world a diet that is adequate in calories and micronutrients.

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I must note that my purpose in writing my historical article was not to pass judgment on the value of vitamin A supplementation compared with other public health nutrition strategies, but rather to cast a spotlight on the issues that have sparked resistance to the program in India. I hope that I was able to do this in an unbiased and thorough manner.

In my article, I also hoped to stress the need for those involved in global health interventions to understand the social and historical complexity of the issues at hand as well as how these complexities can shape how local populations and health authorities respond to external efforts to improve health standards.

I look forward to reading future scholarship on nutrition policy in India and hope that we are able to someday arrive at a solution that is both sustainable and cost-effective.

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References

WALLACE RESPONDS

I thank the correspondent for her insightful comments and welcome the additional perspective. Undernutrition is indeed a significant and complex problem in India, as well as in many other nations.