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Two Editorials, Two Reforms

Youth & the System | India's Double Burden of Malnutrition

CHAPTER 1 "Dear Gen Z, Join the System" — Change Happens in Mundane Politics

Shashi Tharoor • The Hindu (Tharoor Think) — GS-II Polity & Governance / Essay / GS-IV

CHAPTER 2 Evolving Public Health Strategies: Under- and Over-Nutrition

Ramya Kannan • The Hindu — GS-II Social Justice & Health / GS-III

Each chapter: full article (as uploaded) → deep editorial analysis → static linkages → critical evaluation → answer-writing toolkit → large practice set (3 Mains + 10 Prelims MCQs + essay & ethics angles).

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How to use this booklet

- Read the original article first, then attempt the Mains questions *before* reading the analysis.
- Sections x.3–x.5 give you the argument, the static base and both sides of the debate — enough to write a 250-word answer.
- Section x.6 is a ready reckoner: data points to quote, keywords to deploy, and the inter-topic links examiners reward.
- Practice sets are larger now — use the MCQs for revision and the essay/ethics prompts for weekend writing.

CHAPTER 1

Dear Gen Z, Join the System: Change Happens in Mundane Politics

GS-II Polity & Governance • Civil Society & Pressure Groups • Youth & Democracy | Essay | GS-IV Ethics (active citizenship)

Source: Shashi Tharoor, "Tharoor Think" column, *The Hindu*. The writer is a four-term Congress MP from Thiruvananthapuram.

1.1 The Article (as published)

Dear Gen Z, join the system. Change happens in mundane politics

**THAROOR THINK**
BY SHASHI THAROOR

DEAR GEN Z Indians who signed up to the "Cockroach Janta Party": It is impossible to look at the current landscape of India — the headlines, the stories emerging from exam centres, and the raw, unfiltered conversations flooding social media — without feeling the immense weight of the collective frustration gripping your generation.

On May 16, Abhijeet Dipke posted an invitation to join the "Cockroach Janta Party". Five days later, he had 20 million Instagram followers. His satirical movement has captured the imagination of Gen Z and others like you, frustrated by the inadequacies of our political system and its failure to meet your needs. Instagram is your town square. But it is not a ballot box.

To those of you feeling lost, angry, and disillusioned: Your pain is seen, and your anger is heard. The reasons you signed up for the CJP are valid. When you dedicate years of your life to preparation, sacrificing sleep, social connection, and mental well-being for a dream, the news of paper leaks and system failures is not just a news headline — it is a betrayal of your time, your effort, and your future. The tragic news of stu-

dents losing their lives in despair is a devastating reminder that the "rotten system" isn't just an abstract concept; it has real, human consequences that cut to the core of our society. But there is a danger in mistaking an outlet for your frustration as the solution to your problems. It is not.

The emergence of movements like the CJP offers a powerful, albeit heartbreaking, piece of political theatre. It captures the visceral feeling of being treated as disposable by a system that seems unresponsive to the struggles of ordinary citizens. It seems a safe space for those of you dealing with the crushing weight of unemployment, the rising cost of living, and the narrowing of the pathways to quality education. But while venting and finding solidarity in this movement is necessary for emotional release, there is a danger in stopping there. History shows us that while rage can ignite a fire, it requires a steady hand and a clear strategy to build a structure that endures. Instagram alone doesn't do it.

If you want more than just temporary attention, you must channel this energy into something that forces the system to bend. That is why working within the system you feel has failed you and pushing against the existing system so that it serves your needs is the most effective path forward.

First, as an MP myself, let me tell you that you can make your representatives accountable. The system is not a monolith; it comprises people who are, at least in theory, beholden to you. Flood the offices of your local MLAs and MPs with structured grievances and demand they take it up with the authorities. Use the

If all else fails, take your case to court. But for that, you need to have a case, not just a set of slogans or memes expressing your frustrations

RTI Act to demand transparency regarding exam conduct and hiring quotas. When enough voices demand an answer on the record, silence becomes a political liability.

Next, you can leverage institutional pressure, even if you feel the institutions of government are not working for you. Mass media thrives on narratives. When your dissent is organised around specific, actionable demands (for example, specific policy reforms for NTA oversight, concrete job creation plans, time-bound commitment to fill existing vacancies), the media is forced to cover the solution, not just the scandal. And parliamentarians are forced to react as well, to join a debate inside and outside the legislature about the ways forward. Don't forget there's a lot that still works well in India. Make it work for you.

But you must professionalise your advocacy. The most successful movements in democratic history didn't just shout; they organised, they drafted, they lobbied, they agitated. Engage with student unions, legal collectives, and policy advocacy groups that know how to draft petitions and fight cases in courts. Turning "this is unfair" into "this violates Article 14 or Article 21" makes you impossible to ignore. If all else fails, take your case to court. But for that, you need to have a case, not just a set of slogans or memes expressing your frustrations.

And don't forget the power of participation. True change often happens in the mundane processes of daily politics. By participating constructively in local civic bodies and engaging in informed voter mobilisation, you strip the "system" of its comfortable default inertia.

When you become better informed and more organised than the incumbents, you become a force that has to be negotiated with.

The temptation to opt out of the system is always there. It is easy to feel that the game is rigged and the odds are insurmountable. But remember: You are the demographic majority in a nation that is still defining its identity. You have the numbers, the digital fluency, and the moral high ground to shift the needle on the national compass. Your aspirations reflect the nation's future. Your generation will soon be in charge. Channel your demands constructively, and you can win.

One more word. Frustration is not an end in itself. You don't need to be treated like cockroaches, and you don't need to adopt the label as your permanent identity. Work with mainstream politicians of your choice, of all parties, to be the rebuilders of a system that respects the dignity of every student and every job-seeker.

Don't let your anger burn out into apathy. Let it be the fuel for a long-term, persistent demand for the changes you deserve. The system will only change when those who suffer the most from its failings decide to challenge them from the inside, not while staying outside.

Stay vocal, stay organised, and most importantly, stay resilient. You are the future of this country, whether the current system likes it or not. Seize the opportunity. Don't give up — and don't just be content with venting on Instagram. Many of us are listening, but you yourselves must act.

The writer is a fourth-term Congress MP from Thiruvananthapuram

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1.2 Context & Why in News

The column is an open letter to young Indians drawn to the satirical “Cockroach Janta Party,” an online movement that rapidly amassed a mass youth following by voicing anger over joblessness, the rising cost of living, repeated competitive-exam paper leaks and shrinking access to quality education. The writer does not dismiss the grievances — he treats them as real and legitimate — but argues that online venting, though emotionally necessary, cannot by itself produce reform. His central appeal is to redirect this energy from the digital “town square” into the slower, institutional machinery of democracy, where durable change is actually manufactured. The piece sits within a wider global moment of Gen-Z-led mobilisation and a domestic debate on whether India’s demographic dividend can translate political *numbers* into political *influence*.

1.3 Editorial Analysis — Core Arguments

a) The diagnosis — why the anger is structural, not a fad

The frustration is rooted in concrete failures: jobless growth and an education–employment mismatch that leaves even the qualified under-employed; a recurring crisis of examination integrity (leaked papers, opaque hiring quotas); and an aspiration–reality gap sharpened by social media’s constant comparison. Recognising this as systemic — not generational impatience — is the starting point of the argument.

b) Protest as catalyst, not destination

Online solidarity validates a generation’s frustration and can ignite a movement, but the column warns against stopping at catharsis. Rage can light a fire; sustaining it into reform needs strategy and an enduring structure. The internet is a town square — useful for mobilising attention — but it is not a ballot box, and visibility is not the same as power.

c) The toolkit of institutional engagement

The heart of the piece is a practical menu of accountability levers: (i) holding elected representatives answerable through structured, documented grievances to MLAs and MPs; (ii) using the Right to Information to force transparency on exam conduct and hiring; (iii) converting diffuse anger into specific, actionable demands — oversight of testing agencies, concrete job-creation plans, time-bound filling of vacancies; (iv) professionalising advocacy through student unions, legal collectives and policy groups that can draft petitions and litigate, including claims anchored in the rights to equality and to life and dignity; and (v) entering local civic bodies and mobilising informed voters.

d) The lesson from democratic history

Movements that actually changed law did more than shout — they organised, drafted, lobbied and agitated in a sustained way. India’s own RTI movement, anti-corruption mobilisation and environmental campaigns succeeded precisely because street energy was paired with patient institutional work: drafting Bills, building coalitions, filing cases and contesting the rule-making that follows a headline.

e) The demographic-majority and moral-authority argument

Young Indians are framed as the numerical majority with digital fluency and moral high ground — a constituency powerful enough that incumbents must negotiate with it *once it is informed and organised*. Numbers become leverage only when they are structured; an unorganised majority is routinely out-manoeuvred by an organised minority.

f) The apathy trap

The real danger the column identifies is not protest but its decay into apathy — anger burning out into cynicism and disengagement. The prescription is to convert anger into fuel for a long-term, persistent, constructive demand: stay vocal, stay organised, stay resilient.

1.4 Conceptual Background & Static Linkages

Map the editorial to your static syllabus

- **Forms of participation:** conventional (voting, contesting, petitioning) vs unconventional (protest, online activism); the ladder from passive to active citizenship.
- **Voice vs Exit (Hirschman):** when institutions fail, citizens can exit (apathy) or use voice (engage) — the column argues for voice.
- **Right to protest & expression:** Article 19(1)(a) speech, 19(1)(b) peaceful assembly, and their reasonable restrictions.
- **RTI Act, 2005:** PIO, 30-day norm (48 hours for life & liberty), first appeal, State/Central Information Commissions — the citizen's transparency tool.
- **PIL jurisprudence:** relaxation of *locus standi*, epistolary jurisdiction (S.P. Gupta, Hussainara Khatoon); Articles 14 and 21 as anchors for exam-fairness claims.
- **Local self-government:** 73rd & 74th Amendments — the “mundane” civic bodies the author wants youth to enter.
- **Pressure / interest groups & civil society:** interest articulation, institutionalised lobbying vs agitational politics; Putnam's social capital.
- **Demographic dividend:** India's young median age as leverage — with the risk of a ‘demographic disaster’ if the young disengage.
- **Accountability machinery:** CPGRAMS grievance portal, parliamentary questions & petitions committee, the right to recall debate, NOTA.

1.5 Critical Evaluation, Debates & Way Forward

Strengths. The argument rightly separates *mobilisation* from *institutionalisation* and offers a realistic toolkit rather than vague exhortation; it respects youth agency instead of dismissing dissent as noise.

The counter-view a balanced answer must carry. Institutional channels can be slow, captured or unresponsive — which is exactly what drives people to the street and the timeline; protest is itself a constitutionally protected, legitimate form of participation, not merely a ‘warm-up’ for the ballot box. History shows agenda-setting often *begins* outside the system before it is absorbed within it.

The synthesis. Healthy democracies use both — disruptive mobilisation to set the agenda and institutional engagement to convert it into enforceable law and budgets. The two are sequential and complementary, not rivals.

Way forward: civic and constitutional literacy for the young; faster, digitised, time-bound grievance redress; lowering the cost of legal and policy advocacy (legal-aid clinics, model-petition repositories); examination-integrity reform; and electoral measures that translate youth numbers into representation — so anger is channelled, not extinguished.

1.6 Answer-Writing Toolkit

Keywords & phrases to deploy

performative vs substantive participation • from outrage to organisation • voice over exit • institutional accountability • demographic dividend → demographic leverage • active citizenship • deliberative democracy • pressure-group politics • examination integrity • slacktivism

Facts / examples to cite

- RTI Act 2005 — transparency & accountability; MKSS-led people's movement that preceded it (street + drafting).
- PIL evolution — S.P. Gupta (1981), Hussainara Khatoon; Articles 14 & 21.
- 73rd/74th Amendments (1992) — grassroots entry points for youth.
- India's median age ~28–29 years — among the world's youngest large populations.
- Global Gen-Z mobilisations and India's own anti-corruption/anti-paper-leak agitations as illustrations.

Inter-linkages examiners reward

- GS-II ↔ GS-IV: civic engagement as an ethical duty (active, responsible citizenship).
- Polity ↔ Society: youth, social media and the public sphere.
- Governance ↔ Economy: jobless growth and the politics of employment.

1.7 Practice Zone

Mains Questions

Q1 (GS-II, 250 words / 15). “Online outrage can ignite a movement, but only institutional engagement can sustain reform.” In the light of recent youth mobilisation, examine the avenues available to citizens for holding the state accountable between two elections.

Q2 (GS-II, 250 words / 15). Distinguish between conventional and unconventional forms of political participation. Why is the conversion of a demographic majority into political influence not automatic in a democracy?

Q3 (GS-II, 150 words / 10). Evaluate the Right to Information Act, 2005 and Public Interest Litigation as instruments through which ordinary citizens can demand transparency and accountability.

Q4 (Short, 150 words / 10). “The danger is not protest, but its decay into apathy.” Comment.

Prelims MCQs (10)

1. With reference to the RTI Act, 2005:

1. A PIO must ordinarily provide information within 30 days.
2. Information concerning life and liberty must be provided within 48 hours.

Which is/are correct? (a) 1 only (b) 2 only (c) Both (d) Neither

2. The right to assemble peaceably without arms is guaranteed under:

- (a) Article 19(1)(a) (b) Article 19(1)(b) (c) Article 21 (d) Article 25

3. Public Interest Litigation in India primarily developed through:

- (a) a constitutional amendment (b) a statute (c) judicial innovation/relaxation of locus standi (d) an executive order

4. The 73rd and 74th Constitutional Amendments relate to:

- (a) anti-defection (b) rural & urban local self-government (c) right to education (d) GST

5. “Demographic dividend” refers to growth potential arising from:

- (a) higher revenue from the elderly (b) a rising share of working-age population (c) below-replacement fertility (d) a rising dependency ratio

6. NOTA in Indian elections:

1. allows a voter to reject all candidates.
2. if NOTA wins a majority, the election is automatically countermanded.

Which is/are correct? (a) 1 only (b) 2 only (c) Both (d) Neither

7. CPGRAMS is associated with:

- (a) crop insurance (b) public grievance redress (c) campus placements (d) GST returns

8. Which body is the appellate authority under RTI at the Union level?

- (a) Lokpal (b) Central Information Commission (c) CVC (d) CAG

9. Reasonable restrictions on the freedom of assembly can be imposed in the interest of:

- (a) sovereignty & integrity of India and public order (b) only national security (c) only morality (d) none; the right is absolute

10. The concept ‘exit, voice and loyalty’, useful in analysing citizen response to failing institutions, is associated with:

- (a) Robert Putnam (b) Albert Hirschman (c) Amartya Sen (d) Robert Dahl

Answer Key: 1-(c) 2-(b) 3-(c) 4-(b) 5-(b) 6-(a) 7-(b) 8-(b) 9-(a) 10-(b)

Essay & Ethics (GS-IV) angles

- Essay: “From hashtags to handbooks — the maturing of youth politics in India.”
- Essay: “True change happens in the mundane processes of daily politics.”
- Essay: “Visibility is not power; organisation is.”



- Ethics: civic participation as a moral duty; turning resentment into constructive citizenship (attitude, public service motivation).

CHAPTER 2

Evolving Public Health Strategies: Addressing Under- and Over-Nutrition

GS-II Social Justice / Health & Nutrition • GS-III Economy (NCD burden, food policy & regulation)

Source: Ramya Kannan, *The Hindu* (Chennai). Based on the CMC-Vellore & ARUMDA (TIFR) MAL-ED cohort and NFHS-6 data.

The study at a glance

- **Cohort:** MAL-ED study — 251 children from urban slums in Vellore, tracked from birth to age nine (recruited 2010–12).
- **Run by:** CMC-Vellore with ARUMDA at TIFR; paper in *Lancet Regional Health – Southeast Asia* (Birsan Yilmaz et al.).
- **The turn:** normal BMI in early childhood, then thinness *and* overweight rise sharply between ages 7 and 9.
- **Key numbers:** ~45% stunted at age 2; by 7, ~26% thin and ~5% overweight; by 9, underweight ~22% while overweight/obesity rose to ~15%.
- **The headline idea:** India's *double burden of malnutrition* — too little and too much nutrition at once — corroborated by NFHS-6.

Read the full clipping on the next page, then work through the analysis that follows.

2.1 The Article (as published)

Evolving public health strategies to address under and over nutrition

A recent study conducted in Vellore found that prevalence of thinness and overweight began to rise sharply between ages seven and nine; double burden of malnutrition is a cause of concern in India and needs to be addressed; programmes designed primarily to combat undernutrition need to be re-thought

Ramya Kannan
CHENNAI

In a recent study conducted in Vellore, that followed children from birth to nine years, it was observed that while most children had a normal Body Mass Index (BMI) in early childhood, prevalence of thinness and overweight began to rise sharply between ages seven and nine. This study bolsters the results from just-released National Family Health Survey (NFHS) - 6 indicating the double burden of malnutrition that India is currently facing.

The double burden of malnutrition is a term used to describe a curious phenomenon – a state where both undernutrition and overnutrition are threats to the health of the population. According to the World Health Organization (WHO), malnutrition, in all its forms, includes undernutrition (wasting, stunting, underweight), inadequate vitamins or minerals, overweight, obesity, and results in diet-related non-communicable diseases.

Coincidentally, the results of both these studies released almost simultaneously provide similar results, but the Vellore studies tell us more – at what stage does thinness and obesity set in, thus providing a way to address the issue at the right time, in order to effectively control it.

Data from the NFHS-6 records improvements in child nutrition – stunting, wasting and severe wasting have fallen compared to NFHS-5, but this is neither uniform nor even. There are still pockets in the country where the levels remain at the stage of 'significant concern'. The same data shows, at the polar end of the spectrum, a steady increase in overweight and obesity among adults (especially women and urban, wealthier groups), along with growing prevalence or risk of diabetes and high blood pressure.

The Vellore study brings new findings from a collaborative study between CMC-Vellore and ARUMDA at TIFR, and highlights a critical shift in India's nutrition challenge. Children in low-/middle-income urban communities are facing both thinness and obesity by school age. The malnutrition and enteric diseases (MAL-ED) study recruited 251 children from urban slums in Vellore, Tamil Nadu, India, between 2010 and 2012, with further follow-ups conducted until age nine.

As per a paper published by Birsan Yilmaz et al in the peer-reviewed journal *Lancet Regional Health Southeast Asia*, approximately 45% of children were stunted at age two. By age seven, 26.3% of children were classified as thin, and 5.2% of children were classified as overweight/obese. By age nine, the prevalence of underweight was 21.6%, while overweight/obesity had increased to 14.6%.

Interestingly, the mother's BMI was a predictor of childhood thinness, particularly at ages 5 and 9. Incidentally, when read along with data from the NFHS-6 which indicates that 30.7% of women aged 15-49 were overweight or obese in 2023-24, compared to 24% in NFHS-5, it indicates a huge



Catching them young: The Vellore study brings new findings from a collaborative study between CMC-Vellore and ARUMDA at TIFR, and highlights a critical shift in India's nutrition challenge. FILE PHOTO

trans-generational burden in India. Maternal weight is clearly an important factor in foetal and child health as well, but one that has not been sufficiently examined by policy makers in the form of maternal health interventions.

Surprise element

Ullas Kolthur of ARUMDA, TIFR, one of the authors of the paper, said the surprise element of the study was not that children born with low birth weight were becoming obese, but the fact that weight-related issues begin so early in children.

Beena Koshy, of CMC-Vellore, highlights the importance of monitoring children's growth after the first 1,000 days after birth. "This is a cohort in a low-income, urban setting in Vellore, which is part of our MAL-ED group, being studied for years. In these communities, children are facing thinness, yes, but also obesity even before they enter the teens."

She explains that in the study location, the mean birth weight is 2.7 kg and 17% of children are born with low birth weight. At age two, about 45% of children are stunted, but 80% of the children have caught up by age nine. "This means the nutrition issue we face today is not only about underweight toddlers, but the entire range of nutrition sufficiency or insufficiency through childhood."

It also means our understanding of malnutrition has not been on point, or, is

The MAL-ED study recruited 251 children from urban slums in Vellore, between 2010 and 2012, with further follow-ups conducted until age nine

no longer on point. India which has had a long track record of undernutrition, wasting and stunting has come to look upon malnutrition as exclusively resting in this quarter. More recent evidence shows that it is no longer that simple at all, that there are nuances that we might be missing in childhood.

Dr. Kolthur adds: "What is malnutrition? How must it be handled? We know now, from this study, that feeding all children the same diet might not be such a great idea after all. There must be differentiation in how we tailor the diets of children, early on." Dr. Koshy points out that the easy availability of packaged foods, sugary drinks and deep fried food in sachets have a huge role to play. "While these foods are available cheap, the access to healthy fruits, vegetables and proteins is still not very good."

Nilhal Thomas, senior professor of Endocrinology at CMC Vellore, who was instrumental in leading efforts to offer a differential diagnosis of 'lean diabetes' (Type 5), points out that undernutrition in early life can lead to two potential

trajectories. On one hand, the persistence of undernutrition, besides leading to stunting, can potentially lead to defects in insulin secretion and even situations where lean individuals develop diabetes in relation to malnutrition. On the contrary, in those with overnutrition, there is the danger of increase in overweight and subsequently increasing the risk of diabetes, hypertension and cardiovascular disease, he explains.

Addressing the issue

At this juncture, public health experts urge a full complement of health policies that will address a judicious blend of both dietary interventions to tackle undernutrition and lifestyle interventions, including improving diet and activity. A one-sided intervention – addressing only undernutrition, and not overnutrition would be a mistake that the country can scarcely afford to make at this stage, loaded as it is with huge burdens of metabolic diseases including insulin resistance and hypertension.

The FAO has meanwhile recommended, based on case studies from six countries, that programmes once designed primarily to combat undernutrition (ICDS, school meals, PDS) now need to be re-thought to address both inadequate calories/micronutrients and poor-quality, ultra-processed, high-sugar, high-fat diets. (ramya.kannan@thehindu.co.in)

THE GIST

According to the World Organization (WHO), malnutrition, in all its forms, includes undernutrition (wasting, stunting, underweight), inadequate vitamins or minerals, overweight, obesity, and results in diet-related non-communicable diseases.

Children in low-/middle-income urban communities are facing thinness and obesity by school age, a collaborative study between CMC-Vellore and ARUMDA at TIFR finds. A surprise element of the study was not that children born with low birth weight were becoming obese, but that weight related issues begin so early in children.

A one-sided intervention addressing only undernutrition, and not overnutrition would be a mistake that the country can scarcely afford to make at this stage, loaded as it is with huge burdens of metabolic diseases including insulin resistance and hypertension.

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2.2 Context & Why in News

A long-running Vellore cohort — the MAL-ED project of CMC-Vellore and ARUMDA at TIFR — followed children from birth to age nine and found that, while most had a normal Body Mass Index in early childhood, both thinness and overweight began to climb sharply between ages seven and nine. Released alongside NFHS-6, the findings sharpen a worry India already carries: the **double burden of malnutrition** — undernutrition and overnutrition coexisting in the same population, communities and even households. Crucially, the study pinpoints *when* the risk sets in, allowing intervention at the right stage rather than too late.

2.3 Editorial Analysis — Core Findings

a) The double (and ‘hidden’) burden

Per the WHO, malnutrition spans wasting, stunting and underweight; micronutrient deficiency; and overweight, obesity and diet-related non-communicable diseases. India now carries all of these at once. Beyond the visible under/over weight axis lies *hidden hunger* — micronutrient deficiency despite adequate calories — making the burden effectively a triple one.

b) The Vellore evidence and its NFHS-6 echo

In the urban-slum cohort, roughly 45% of children were stunted at age two; by seven about a quarter were thin even as a small share were already overweight; and by nine, while underweight stayed common, overweight/obesity had climbed to about one in seven. NFHS-6 mirrors the dual movement nationally — stunting, wasting and severe wasting have fallen since NFHS-5 (though unevenly), while overweight and obesity are rising, especially among women and wealthier, urban groups, with nearly a third of women aged 15–49 now overweight or obese.

c) The life-course and inter-generational dimension

The surprise was not that low-birth-weight babies later became obese, but that weight problems appear so early — before the teens. The mother’s BMI predicted childhood thinness, underscoring an inter-generational, life-course pathway that begins before birth and is shaped in the critical first 1,000 days. This is the territory of the Developmental Origins of Health and Disease (DOHaD) / Barker hypothesis and the Indian ‘thin-fat’ (thrifty) phenotype — low birth weight with high central adiposity and early metabolic risk.

d) The metabolic paradox — ‘lean diabetes’ and NCDs

Undernutrition in early life can impair insulin secretion, so even lean individuals develop diabetes — the basis for a distinct ‘lean diabetes’ (Type 5) diagnosis. At the other pole, overnutrition drives overweight and rising risk of diabetes, hypertension and cardiovascular disease. Both ends of the spectrum thus converge on the same NCD burden the economy can ill afford.

e) The nutrition transition and the food environment

Cheap, ubiquitous packaged foods, sugary drinks and deep-fried sachet snacks are easy to access, while fruits, vegetables and quality protein remain harder to obtain in low-income settings — a classic ‘food swamp’. The result is a population that is simultaneously calorie-sufficient and nutrient-poor. Feeding all children an identical ration may no longer be wise; diets need differentiation, early.

2.4 Conceptual Background & Schemes

Map the editorial to your static syllabus

- **Double burden / nutrition transition:** coexistence of under- and over-nutrition as diets and economies shift.
- **DOHaD / thin-fat (thrifty) phenotype:** developmental origins of adult disease; Indian metabolic susceptibility.
- **First 1,000 days:** conception to age two — the largely irreversible window for growth and cognition.
- **WHO frame & ‘double-duty actions’:** single interventions that tackle under- and over-nutrition together.
- **Nutrition-specific vs nutrition-sensitive interventions:** direct (supplementation, IFA) vs indirect (WASH, women’s education, agriculture).
- **Key schemes:** ICDS/Anganwadi (1975); POSHAN Abhiyaan & POSHAN 2.0 (Saksham Anganwadi); PM POSHAN (mid-day meal); PDS under NFSA 2013; Anaemia Mukh Bharat.
- **Food regulation:** FSSAI ‘Eat Right India’, front-of-pack labelling, the ultra-processed / HFSS debate and possible taxation.
- **Surveys & indices:** NFHS-6 vs NFHS-5; Global Hunger Index methodology debate.
- **Global frame:** SDG-2 (Zero Hunger), SDG-3 (Good Health); FAO multi-country evidence for redesign.

2.5 Critical Evaluation, Debates & Way Forward

Why current programmes fall short. ICDS, PM POSHAN and the PDS were built primarily to defeat *undernutrition* — to deliver calories. They are not yet equipped for poor diet quality, ultra-processed consumption or rising obesity. A one-sided intervention addressing only undernutrition would be a costly mistake given India’s mounting metabolic-disease burden.

The tensions to flag. Calorie-centric food security vs diet quality; affordability of healthy food vs the cheapness of junk; universal rations vs differentiated, age-specific nutrition; and the political economy of regulating a large packaged-food industry.

Way forward: a judicious blend of dietary *and* lifestyle interventions — tailoring children’s diets early rather than feeding all the same; strengthening maternal health and the first-1,000-days focus; improving access to affordable fruits, vegetables and protein; ‘double-duty’ programme design; FSSAI front-of-pack labelling and HFSS regulation; growth monitoring beyond infancy into school age; and a policy graduation from ‘enough food’ to ‘the right food’.

2.6 Answer-Writing Toolkit

Keywords & phrases to deploy

double / triple burden of malnutrition • nutrition transition • hidden hunger • thin-fat phenotype • DOHaD / first 1,000 days • lean diabetes (Type 5) • food swamp • ultra-processed (HFSS) • double-duty actions • nutrition-specific vs nutrition-sensitive • from 'enough food' to 'the right food'

Data points to quote

- Vellore MAL-ED: 251 children, urban slums, birth–age 9; ~45% stunted at 2; by 9, overweight/obesity ~15% alongside underweight ~22%.
- NFHS-6: stunting/wasting down vs NFHS-5 but uneven; ~30.7% of women 15–49 overweight/obese (2023-24) vs ~24% earlier.
- Mother's BMI a predictor of childhood thinness (esp. ages 5 & 9); ~17% low-birth-weight, most catching up by 9.
- Source: *Lancet Regional Health – Southeast Asia*; CMC-Vellore + ARUMDA (TIFR); FAO six-country redesign evidence.

Inter-linkages examiners reward

- GS-II ↔ GS-III: health-human-capital → productivity, the NCD economic cost, food-industry regulation.
- Nutrition ↔ Women & Child: maternal health, anaemia, the inter-generational cycle.
- Health ↔ Environment/Agriculture: dietary diversity, millets, sustainable food systems.

2.7 Practice Zone

Mains Questions

Q1 (GS-II, 250 words / 15). India faces a “double burden of malnutrition.” Critically examine why public-health and food-security programmes designed to combat undernutrition need to be re-thought, and suggest a way forward.

Q2 (GS-II, 250 words / 15). “The first 1,000 days determine a lifetime of health.” Discuss the life-course and inter-generational dimensions of malnutrition in India and their policy implications.

Q3 (GS-III, 150 words / 10). Discuss how the changing food environment and the rise of ultra-processed foods contribute to India’s non-communicable disease burden. What regulatory measures can help?

Q4 (Short, 150 words / 10). Differentiate between nutrition-specific and nutrition-sensitive interventions with examples from Indian schemes.

Prelims MCQs (10)

- The “double burden of malnutrition” is the coexistence of:
(a) hunger & food wastage (b) undernutrition & overnutrition (c) rural & urban poverty (d) anaemia & goitre
- The “first 1,000 days” span:
(a) birth to age 3 (b) conception to age 2 (c) age 2 to 5 (d) the first school year
- The mid-day meal in government schools is delivered under:
(a) ICDS (b) PM POSHAN (c) PDS (d) Saksham Anganwadi
- National Family Health Surveys are conducted under the aegis of the:
(a) Ministry of Health & Family Welfare (b) NITI Aayog (c) MoSPI (d) Census of India
- “Hidden hunger” best describes:
(a) seasonal shortage (b) micronutrient deficiency despite adequate calories (c) under-reported famine (d) obesity in the poor
- The ‘thin-fat phenotype’ / DOHaD concept links:
(a) low birth weight to later metabolic disease (b) obesity to longevity (c) stunting to height only (d) wasting to anaemia
- Consider: 1. ICDS is implemented through Anganwadi centres. 2. POSHAN Abhiyaan aims to reduce stunting, undernutrition and anaemia in a time-bound manner.
Which is/are correct? (a) 1 only (b) 2 only (c) Both (d) Neither
- ‘Eat Right India’ and front-of-pack labelling are initiatives of:
(a) ICMR (b) FSSAI (c) NITI Aayog (d) WHO
- ‘Double-duty actions’ in nutrition policy refer to interventions that:
(a) double the ration (b) tackle under- and over-nutrition simultaneously (c) run twice a year (d) cover two ministries
- ‘Lean diabetes’ discussed in the article is significant because it:
(a) affects only the obese (b) can arise in lean individuals linked to early-life undernutrition (c) is purely genetic (d) is unrelated to insulin

Answer Key: 1-(b) 2-(b) 3-(b) 4-(a) 5-(b) 6-(a) 7-(c) 8-(b) 9-(b) 10-(b)

Essay angles

- “Enough food is not the same as the right food” — redefining food security for the 21st century.
- Nutrition as an investment in the demographic dividend, not merely welfare.
- “Two faces of one crisis” — the paradox of hunger and obesity in the same nation.



The thread linking both chapters

Both editorials make the same deeper point: **institutions and policies must evolve with the citizen** — whether the demand is for political accountability or a healthier plate. Reform, in politics and in public health alike, is won not by a single dramatic act but by patient, evidence-led, structural change.