[**Healing oneself**](https://www.dawn.com/news/1699826/healing-oneself)

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IT’S tough to see Pakistan falling apart as it faces the pressures of global food and fuel shortages and a plethora of domestic challenges, from non-existent institutional and administrative arrangements, poor infrastructure, and physical environmental challenges, such as the recent rains. This, in turn, is prompting our worst basic survival instincts to rise, promoting an ‘every man for himself’ type mentality.

It does not help that one research paper in 2021 (conducted in 2019, before the global challenges arose) estimated that 52 per cent of the entire population of Pakistan was vulnerable to falling back into poverty.

What can we do about it? Let’s be real. People are feeling powerless, and so it is just becoming a blame game. But the reality is that we are in a complete mess. It’s not due to any one action but to a whole series of actions by many people over many decades. This includes not only people in charge who run the country, but also people at every level, including you and me. Why? By not doing what is in our own hands.

To solve a problem, one has to first admit we have a problem. I think Pakistan is at the stage of finally realising it has a problem. Actually, many. The question is which problems are the priority?

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I have worked on development policy with many countries over the last 30 years. The one common thing that I took away was that every person, in every country I have been to, whether rich or poor, actually has one thing in common. They want their children to have better opportunities than they have had in their own life.

In today’s Pakistan, sadly that is not a possibility. Pakistan’s own demographic health survey 2017-2018 has a startling graph on stunting. It shows that 57pc of children under the age of five years in the lowest income quintile are stunted. Stunting is due to a child being unable to absorb nutrients in the first two years of life. It does not only mean that the child is shorter in height (the indicator of measurement for stunting) on average, but it also means a reduction in cognitive abilities, ie IQ. This cannot be fixed later in life. It is a permanent disability. It means a permanent loss in productivity and means that a child will never fulfil his or her God-given potential. It means that a child’s opportunities will be less than his or her parents’ — after all when the brain itself is affected, no schooling, job opportunity or money can fix that.

That same data also tells us another hard truth. As expected, the percentage of stunting reduces as income increases. So, the poor definitely have it worse than the rich. But it does not reduce to zero. In fact, even in the highest income quintile group, 22pc of children under five years are stunted. That means that almost a quarter of the children, grandchildren, great grandchildren, nieces and nephews of the people reading this article also have lower IQ. Everyone is affected.

But surely the children of the rich in Pakistan have enough to eat? Why are they stunted? Actually, lack of nutrition can be both from not eating enough, or the right thing, and also from the inability of the body to absorb the nutrients when you eat them. That is the case when you have pneumonia and diarrhoea. And it is no surprise to learn that the number one killer of children in Pakistan is pneumonia and the number two killer is diarrhoea. In fact, on the pneumonia front, Pakistan is one of four countries which together comprise the majority of pneumonia deaths in the entire world.

The Global Burden of Disease study, which is carried out every 10 years, attempts to put all diseases on an equal footing and to understand the risk factors underlying those diseases in every country in the world. In Pakistan, the disease burden has changed over 10 years, between 2009 and 2019, and is now 60pc non-communicable diseases. These diseases cannot be cured, only managed, resulting in health costs across a lifetime. Alternatively, they can be prevented altogether by tackling the underlying risk factors. These are diseases such as strokes, heart disease, kidney diseases, and diabetes. The same GBD study looks at risk factors underlying the national health burden. In Pakistan’s case, malnutrition is number one, and air pollution is the number two risk factor. There can also be overlap — air pollution increasing the chances of pneumonia and hence the inability to absorb nutrients, having much the same effect as not having enough to eat.

Tackling stunting will require an effort across many fronts, and merits a fuller discussion. These could include both public health and household-level actions, such as better understanding the underlying causes of stunting, raising awareness about them, and putting in place measures to address them. It will also require renewed focus to make further advances on the improved water and sanitation and clean drinking water fronts. Improving air quality, which continues to get progressively worse at a national level, is also crucial.

This is a tough conversation. After all, there is already plenty to be depressed about. But it is needed. We need to set one or two priorities as a country, and then work together to solve them. It will help to get us out of this ‘helpless state’ where we can only think about our survival. It will give us something to work on together. It will make us feel proud if we can truly address this problem together, as a nation. It will help us to start to heal. Best of all, we will be giving our children a better chance to make the most of their lives.

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