

A SOCIO LEGAL ANALYSIS OF HUNGER IN INDIA AND ITS IMPACT ON CHILDREN

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“The first essential component of social justice is adequate food for all mankind. Food is the moral right of all who are born into the world” ~ Norman Borlaug

India is home to the largest number of hungry people in the world. The Global Hunger Index (GHI) 2010 ranks India at 67 out of 122 countries; whereas the ‘2012 Global Hunger Index’ (IFPRI) ranks it at 65 among 79 countries. Similarly, malnutrition in India, especially among children and women, is widespread, acute and even alarming. As per a Global Survey Report released by Save the Children on 19th July 2012, India is ranked at 112 among the 141

nations as regards child development index (CDI). And there are disparities across various sections of the society and states. India has relatively too little land (only 2.5% of the world’s area) for its large population (17% of the world’s population). However, as of now, plenty of food grains and the large number of hungry and malnourished people coexist for want of purchasing power and distributive justice¹.

Hunger and malnutrition are, to a large extent, two sides of the same coin. The recent Global Study referred to earlier says that 42% children in India are underweight and 58% of children are stunted by two years of age. The findings of the HUNGAMA Survey Report are also the same except that 59%, instead of 58%, children are stunted. Moreover, hunger and malnutrition have a distinct gender dimension and are widespread among the women/mothers. Every second woman in India is reported anaemic. Actually, anaemia affects 75% children below 5 years, 51% women of 15-59 years and 87% pregnant women. More than 70% women and kids have serious nutritional deficiencies. So it is but natural for IMR and MMR to be

¹<http://www.savethechildren.com>

high. Similarly, Scheduled Tribes (STs), Scheduled Castes (SCs) and minorities ((Muslims) are greatly disadvantaged as regards hunger and malnutrition. Moreover, 12 of the 17 major states fall into the 'alarming' category, and one into the 'extremely alarming' category (ISHI); these 17 states comprise 95% of the population of India. Not the least, persisting food inflation (based on WPI), 7.8% as of 15th October 2012, further aggravates the problem, especially for the poor. Poverty, gender inequality and low level of awareness are, however, the primary/major causes of hunger and malnutrition.

OBJECTIVES:

- To trace out the various factors which contributed to the existence of hunger in India.
- To examine hunger and nutrition situation prevailing in India.
- To analyse the impact of hunger on children's physical and mental health and academic functioning, when controlling for a range of environmental, maternal and child factors that have also been associated with poor outcomes among children in India.

HYPOTHESIS:

Hungry children have more social and behavioural problems because they feel bad, have less energy for complex social interactions and cannot adapt as effectively to environmental stresses.

SOURCES OF STUDY:

Primary Sources:

The researcher has referred the primary sources such as newspapers, magazines, government archives and other sources.

Secondary Sources:

The researcher has referred secondary sources namely books, journals, research articles, unpublished thesis, newspapers and e- sources for the purpose of writing this paper.

STATUS OF HUNGER IN INDIA

Food security and the right to food are the two major political and social issues in India today. A democratic government cannot afford to ignore the public outcry. The country's success in preventing a famine in the period since 1947 can be attributed to the inherent force of democracy. But its overall record in fighting hunger and malnutrition seems to be quite terrible. Hunger is endemic and the poor response of the government is also well-documented. And it is a cruel irony that widespread hunger is reported

in parallel with abundant food grain. Food rots in the absence of storage facilities, and yet the people don't get their share. India is among the 29 countries with the highest level of endemic hunger, malnourished children and poorly fed women. As Amartya Sen has written in *Poverty and Famines*: "Starvation is the characteristic of some people not having enough food to eat. It is not the characteristic of there being not enough to eat."

It has been estimated that the number of hungry people in India today is more than what the country's entire population was in 1947. Indeed, ours is a hungry country despite a booming economy and the expenditure amounting to crores on subsidising foodgrain and other social welfare programmes.

The Global Hunger Index (GHI) presents an incisive survey. It is a multi-dimensional statistical tool, adopted and developed by the International Food Policy Research Institute (IFPRI), comprising three equally important indices ~ the proportion of people undernourished, child mortality, and the proportion of underweight children. In the 2012 list of 79 countries, India was

ranked 65th ~ behind China which ranked second, Pakistan 57th and Sri Lanka 37th. This apart, the India State Hunger Index (ISHI) 2008 revealed that the extent of hunger varies from state to state. As per ISHI, not a single state is either low or moderate in terms of its index score and 12 of the 17 states surveyed fall in the 'alarming' category. Madhya Pradesh has been placed in the 'extremely alarming' category².

In 2007, the National Sample Survey Organisation (NSSO) came out with another revealing report on food scarcity in households in as many as 17 states. The households were classified into three categories: (1) those with adequate food throughout the year; (2) those that make do with inadequate food during certain months of the year; and (3) those with inadequate food throughout the year. West Bengal had the highest percentage of households (10.6 per cent) that did not get enough food to eat during some months of the year. The second in the scale was Odisha. Surprisingly, Bihar (2

²Ganguly Thukral, Enakshi., Ali, Bharti., Bild, Emily., *Still Out Of Focus: Status Of India's Children*, 2008

per cent) and Jharkhand (0.6 per cent) fared better than West Bengal. Among the category of households that were hungry throughout the year, Assam topped the list with 3.6 per cent. Odisha and West Bengal jointly occupied the second position, each having 1.3 per cent starving rural households at any time of the year. Seasonal starvation in rural Bengal peaked during February and March and the worst sufferers were agricultural labourers (23.3 per cent) and non-agricultural workers (8.9 per cent). India's performance in eradicating undernutrition seems to be abysmal, with the levels of child undernutrition exceptionally high. Had the malnourished in India formed a country, it would have been the world's fifth largest ~ almost the size of Indonesia. According to the State of Food Insecurity in the World 2012 (FAO, IFAD and WFP), India has the largest number of undernourished people in the world ~ 217 million (17.5% of its population) as of 2012. In January 2011, the Prime Minister released the much publicised Hunger and Malnutrition (HUNGAMA) survey report with the lament: "The

problem of malnutrition is a matter of national shame."

There is enough evidence to indicate that more people die of malnutrition than from famines. Hunger affects the normal functioning and development of the body and results in ailments that drastically reduce the body's ability to resist infections. Malnutrition can even affect the child's concentration in school. It impairs an adult's performance in the workplace. Hunger thus traps individuals and households in a vicious cycle of health problems and a diminishing capacity to learn and work. It can turn out to be a killer in due course of time. The consequences of malnutrition transcend generations; stunted mothers are likely to have underweight children. These damaging effects extend to communities and economics affecting the development potential of nations. An FAO study of developing countries over 30 years found that if countries with high rates of undernourishment had increased food intake to an adequate level, their economic output, or gross domestic product (GDP), would have risen by 45 per cent. The loss in labour productivity due to hunger can reduce the per capita

GDP by 6 to 10 per cent, according to a UN task force on hunger.

However, lately, under pressure from the civil society for universalisation of food and nutritional security and Public Distribution System (PDS), the government has reviewed the Bill and decided to assist 67% of the total (rural and urban) households in various ways, doing away with their categorisation into 'priority' and 'general' households. It implies that this much of the households suffer from hunger and malnutrition and deserve government's support. According to the Report of the National Commission for Enterprises in the Unorganised Sector (NCEUS) (2009), headed by Arjun Sengupta, about 77% of the population in India continues to live on less than Rs.20/- per capita per diem on an average; obviously, considering various poverty norms, this much of population suffers from poverty, hunger and malnutrition. So, it may be safely assumed that about 75% of Indian population suffers from hunger and malnutrition to varying degrees, 50% of it acutely. Not the least, persisting food inflation (based on Wholesale Price Index – WPI), 7.8% as of 15th October 2012, further aggravates the problem for

the poor, more so following the recent raising of diesel price by Rs.5/- a litre and capping of the supply of subsidised LPG cylinders to only six per consumer per annum, besides other similar so-called 'reforms' likely to follow.

The findings of the HUNGAMA Survey Report 2011 (Fighting Hunger and Malnutrition) are also the same except that 59%, instead 58%, children are stunted. Even in relatively better off households, especially in urban areas, malnutrition and obesity among children due to imbalanced diet has been increasing; in the wealthiest 20% of the population, one child in five is undernourished.

Similarly, hunger and malnutrition have a distinct gender dimension and are widespread among the women/mothers, who are more disadvantaged as compared to men.

However, it appears to be a case of poverty amidst plenty. India has sufficient, rather surplus, stocks of food grains and the largest number of hungry and malnourished people coexisting – 'grain, grain everywhere, not a grain to eat'. It is so primarily due to lack of purchasing power and distributive justice. There has been record food grains production in 2011-2012: 257.44

million tonnes of cereals and pulses. It works out to 209 kg per capita per annum. For want of adequate storage, about 6.6 million tonnes of it, stacked in the open and covered with polythene sheets, runs the risk of getting spoiled. In a Public Interest Litigation (PIL) petition filed by a civil society organisation – People’s Union for Civil Liberties (PUCL), the Supreme Court has passed an order that rather than letting food grains to be spoiled like this, it should be distributed to the poor and hungry free of cost. A similar recommendation has been offered by the Standing Committee of the Parliament. However, the government has so far not complied with the above order and recommendation under the excuse that it is a ‘policy’ matter under its own jurisdiction, and has rather decided to export two million tonnes of wheat to reduce surplus stocks in the current year. There is another side of the story as well. In India there are too many people – 1.23 billion (2012) (17% of the world’s/population), but there is too little land – 3,287,240 sq. km. (only 2.5% of the world’s area). So it is imperative to produce more food with fewer resources i.e., land, water and energy, while

eliminating wasteful practices and policies, in order to cope with the growing food needs. Besides, even the availability of the above 209 kg food grains per capita per annum in a record production year (2011-12) is inadequate and just above 200 kg required to avert famine deaths as determined by the Famine Commission of 1880; production in India has been stagnating around this level as against the need of 300 kg per capita per annum (including feed, seed and unavoidable wastage) to feed the people well. So, the current surplus is unreal and illusory and there is a need to produce about 33% more and go on increasing it to keep pace with the growing population and matching need of food³.

In India, 64.77% of the holdings are marginal (up to one ha) and 18.52% are small (01 to 02 ha); these add up to 83.29% of the holdings, but having only 43.14% of the total net area, reflecting skewed distribution of agricultural land. However, these self-cultivated marginal and small holdings ensure food security,

³Menon, Purnima., Deolalikar, Anil., Bhaskar, Anjor., *Comparisons of hunger across states: India State Hunger Index*, International Food Policy Research Institute, 2009.

provide employment, reduce poverty, hunger and malnutrition, and promote social justice, and hence make out a credible case for providing minimum an acre of cultivable land along with where for cultivation to every landless poor household to fulfil the promise of 'land to the tiller' under rapid land reforms.

Moreover, India has to manage and cope with fluctuations in food grains production, caused primarily due to agro-climatic uncertainties (erratic rains, droughts, floods, disasters, etc), as well as minimise alienation of agricultural land for non-agricultural purposes, considering that there has been a decline of 02 million ha in agricultural land during the recent period.

HEALTH & NUTRITIONAL STATUS OF CHILDREN:

India is among the countries where childhood malnutrition/under-nutrition is severe - it continues to feature in the list of 20 countries with the highest burden of under-nutrition.

It has long been accepted that there is a close relationship between maternal and child health. Weak, undernourished and anaemic women give birth to low birth-weight babies. It is these women who have to work long hours and are often deprived of nutritious food. Given

prevailing gender relations in society, especially in northern, western, and central India, young mothers have little decision-making powers and are not able to take decisions about the health and nutrition of their children. Typically, it is the poor women who are also the ones who are denied education, and this in turn perpetuates the vicious cycle.

Recent GoI initiated surveys (NFHS-3 and NSSO – 58th, 60th and 61st Rounds) drew the attention of the Government to the grim nutritional situation of children. The significant message that emerged Freedom from Hunger for Children Under-Six 3 was that as per 2004-05 NSSO statistics, 27.5% of the people still live below the poverty line. The states with the highest levels of poverty are: Orissa (46.4%) Bihar (41.4%), Chhattisgarh (41%), Jharkhand (40.3%), Uttrakhand (40%) and Madhya Pradesh (38.3%). Under-nutrition level is serious in rural areas, in lower wealth quartiles, among SCs and STs and among families with no educated adult. The percentage of undernourished is far higher than the income poverty rates. Therefore, there is an urgent need to reach out to not only those living in abject poverty but also families that are on the borderline.

In view of the worrying finding that only about half the children in the age group of 6-9 months receives semi-solid foods, there is a need to urgently address infant and young child feeding practices. Only 33 per cent of age-eligible children received any service from ICDS, 26 per cent received supplementary food, 20 per cent received immunisation and growth monitoring was done for only 18 per cent children. It is therefore necessary to ensure that more children are covered under existing government schemes.

National and international evidence points to the urgent need to focus on the nutritional and overall developmental needs of infants. The golden interval for intervention is believed to be from pregnancy to 2 years of age, after which, undernutrition will have caused irreversible damage for future development towards adulthood. Poor foetal growth or stunting in the 1st two years of life leads to irreversible damage and inadequate cognitive or social stimulation in the first two to three years has lifelong negative consequences on educational performance and psychosocial functioning.

However, there is no magic technological bullet to solve the problem of undernutrition. Long-term investments in improving the status of women to realise their potential through education, economic, social, and political empowerment will be the only way to deliver sustainable improvements in maternal and child nutrition, and more generally in the health of women and children.

TYPES OF HUNGER

There are essentially two types of hunger. The first is overt (or raw) hunger, or the need to fill the belly every few hours. Hunger in simple terms is the desire to consume food. It can also be termed as self-reported hunger, whereby people judge their own ability to fulfil the physiological urge to satisfy their hunger.

The second type of hunger occurs when the human body gets used to having less food than necessary for healthy development, and after a while does not even demand more food. If people have always eaten less than their needs, their bodies adjust to less food in what is known as biostasis. It is also possible to fill up the stomach with non-nutritious food, which does not provide the required calories or micronutrients like

vitamins, iron, iodine, zinc, and calcium that are required in tiny amounts. Another situation could be when the essential calories, proteins, fats and micronutrients are not absorbed in the body due to ill-health and poor hygiene.

In all such cases hunger is not articulated.

This second kind of hunger may be termed chronic or endemic hunger, as it is not felt, recognised or voiced by children or adults. Chronic hunger does not translate into hunger pangs, but into subtle changes in the way the human body develops. For instance, an underfed child may be underweight or stunted for his or her age, if not consuming sufficient calories and fats. If the child is deficient in Vitamin A, he or she will not be able to see properly at dusk (“night blindness”), and respiratory ailments may also occur. In severe Vitamin A deficiency the child may go totally blind. In the case of iron-deficiency anaemia, the child will slow down both mentally and physically, perform poorly in school and experience chronic tiredness. In the case of iodine deficiency, there will be mental retardation. In its severe form, a goitrous lump may grow at the base of the neck. Thus prolonged hunger means that a predetermined “physiological

requirement” or “human potential”, defined in terms of norms for calorie and other essential nutrients and growth standards, is not reached.

Subjective hunger, or the first kind of hunger, is a matter of articulation –

people or populations have to indicate in some fashion that they are going hungry.

This means there must be a state of not being hungry, so that the state of being hungry can be recognised as such. If the body gets used to having less food than needed, then hunger may never be articulated. Selfreported hunger is also difficult to measure, since perceptions of hunger differ from one person to another. Therefore objective indicators, such as calorie consumption, body mass index (BMI), stunting and lack of sufficient variety in food intake, offer a better measure for hunger, as it is perfectly possible to have a full belly and yet display every symptom of under-nutrition⁴.

There is a link between nutritional status or health and human effort and productivity. Hunger affects the ability of individuals to work productively, to think clearly, and to resist disease. Hunger may lead to low output and hence poor wages.

⁴Vernon, James.,Hunger: A Modern History, Harvard University Press, 2009

Hunger is thus both a cause and an effect of poverty. Hunger in India has gender and age dimensions too. Women, children and old people are less likely to get full nutritious meals needed for their development. Half of the country's women suffer from anaemia and maternal under-nourishment, resulting in maternal mortality and underweight babies⁵.

There are important seasonal variations in nutritional and health status depending on the cycle of agricultural work. Hunger and starvation also have regional and geographical dimensions. Tribal regions in India have a higher incidence of food insecurity than the non-tribal regions in the same state. Agriculture has brought uneven development across regions and is characterised by low levels of productivity and the degradation of natural resources in tribal areas, leading to low crop output and reduced gathering from common property resources (CPRs).

Hunger can also be equated with chronic food insecurity, as both refer to a situation in which people consistently

consume diets inadequate in calories and essential nutrients. This often happens as a result of the inability to access food because of lack of purchasing power. Destitution, leading in extreme cases to starvation deaths but in any case to a life in misery, is more endemic among certain groups. These include persons with disabilities, persons with stigmatising illnesses such as leprosy or HIV/AIDS, the elderly and the young who lack family support, and single women⁶

Social and employment factors causing destitution include being in a scheduled caste population, or tribal population, or being a manual scavenger, beggar, sex worker, landless labourer or artisan. Persons displaced by natural disasters or development projects are also often in this group. Because of prolonged deprivation of sufficient food and recurring uncertainty about its availability these people are forced to lose their dignity through foraging and begging, debt bondage and low-end, highly underpaid work; self denial; and sacrifice of other survival needs like medicine or children's education.

⁵Baru, Ramu V., *School Health Services In India: The Social And Economic Contexts*.

⁶<http://www.thestatesman.com>

CAUSES OF HUNGER:

Hunger is one piece of a complex of interrelated social ills. It is linked intricately to global economic, political, and social power structures; modes of development and consumption; population dynamics; and social biases based on race, ethnicity, gender, and age.

POVERTY TRAP:

People living in poverty cannot afford nutritious food for themselves and their families. This makes them weaker and less able to earn the money that would help them escape poverty and hunger. This is not just a day-to-day problem: when children are chronically malnourished, or 'stunted', it can affect their future income, condemning them to a life of poverty and hunger. In developing countries, farmers often cannot afford seeds, so they cannot plant the crops that would provide for their families. They may have to cultivate crops without the tools and fertilizers they need. Others have no land or water or education. In short, the poor are hungry and their hunger traps them in poverty.

LACK OF INVESTMENT IN AGRICULTURE:

Too many developing countries lack key agricultural infrastructure, such as enough roads, warehouses and irrigation. The results are high transport costs, lack of storage facilities and unreliable water supplies. All conspire to limit agricultural yields and access to food. Investments in improving land management, using water more efficiently and making more resistant seed types available can bring big improvements. Research by the UN Food and Agriculture Organization shows that investment in agriculture is five times more effective in reducing poverty and hunger than investment in any other sector.

CLIMATE AND WEATHER:

Natural disasters such as floods, tropical storms and long periods of drought are on the increase with calamitous consequences for the hungry poor in developing countries. Drought is one of the most common causes of food shortages in the world. In many countries, climate change is exacerbating already adverse natural conditions. Increasingly, the world's fertile farmland is under threat from erosion, salination

and desertification. Deforestation by human hands accelerates the erosion of land which could be used for growing food.

WAR AND DISPLACEMENT:

Across the globe, conflicts consistently disrupt farming and food production. Fighting also forces millions of people to flee their homes, leading to hunger emergencies as the displaced find themselves without the means to feed themselves. The conflict in Syria is a recent example.

In war, food sometimes becomes a weapon. Soldiers will starve opponents into submission by seizing or destroying food and livestock and systematically wrecking local markets. Fields are often mined and water wells contaminated, forcing farmers to abandon their land. Ongoing conflict in Somalia and the Democratic Republic of Congo has contributed significantly to the level of hunger in the two countries. By comparison, hunger is on the retreat in more peaceful parts of Africa such as Ghana and Rwanda.

UNSTABLE MARKETS:

In recent years, the price of food products has been very unstable. Roller-coaster food prices make it difficult for the poorest people to access nutritious food consistently⁷. The poor need access to adequate food all year round. Price spikes may temporarily put food out of reach, which can have lasting consequences for small children. When prices rise, consumers often shift to cheaper, less-nutritious foods, heightening the risks of micronutrient deficiencies and other forms of malnutrition.

FOOD WASTAGE:

One third of all food produced (1.3 billion tons) is never consumed. This food wastage represents a missed opportunity to improve global food security in a world where one in 8 is hungry. Producing this food also uses up precious natural resources that we need to feed the planet. Each year, food that is produced but not eaten guzzles up a volume of water equivalent to the annual flow of Russia's Volga River. Producing

⁷Sanchez, Pedro A., Halving Hunger: It Can be Done, Earthscan, 2005

this food also adds 3.3 billion tonnes of greenhouse gases to the atmosphere, with consequences for the climate and, ultimately, for food production.

POPULATION, CONSUMPTION, AND THE ENVIRONMENT:

The world's population is expected to grow from its current 5.5 billion to about 8 billion by 2020; more than 93 percent of this increase will occur in lower-income countries. Debate is ongoing over whether the earth can support its growing population without severe ecological damage. Even if the world's population stabilizes by the mid-21st century, food production will have to double. Pessimists see this requirement as beyond the planet's "carrying capacity." Optimists expect continued innovations, such as the recent breakthrough in rice breeding, to meet this demand.

Fresh water, land, forests, and fisheries are today being used at or beyond capacity. In the competition for resources, poor and hungry people, lacking economic and political clout, become even more marginalized. Especially in countries where landholdings are inequitable, poor

families are forced to move onto fragile land and often to overcrowded cities.

Globally, incomes and consumption differ starkly. Twenty percent of the world's population—mostly in industrial countries—receives 85 percent of the world's income and accounts for 80 percent of consumption, producing two-thirds of all greenhouse gases and 90 percent of ozone-depleting chlorofluorocarbons. This level of consumption is not sustainable at the global level. If the current global population lived as the richest 20 percent do, consumption of energy would increase 10 times and minerals 200 times⁸.

Policymakers on all levels need to shape integrated policies and programs that reflect the relationship between improved lives for poor people and reduced population growth, reduced consumption of nonrenewable resources, and protection of the environment.

GENDER DISCRIMINATION:

Because women bear and nourish children, they have special nutritional needs. Yet women of every age have

⁸<http://www.huffingtonpost.com>

disproportionately higher rates of malnutrition than men and are

overrepresented among poor, illiterate, and displaced people. Malnutrition among mothers also has a negative effect on the growth of children. Almost universally women work longer hours than men and carry primary responsibility for household chores even when working outside the home. Women's pay rates are nearly universally lower than those for men (on average, 30 to 40 percent lower), even for equivalent work.

Women's needs and rights are receiving greater weight in development efforts, but there is still a long way to go before women and men around the world have equal economic, social, and political opportunities.

VULNERABILITY OF CHILDREN

The effects of childhood malnutrition last a lifetime, and even into succeeding generations. Malnutrition is a factor in one-third of the 13 million annual deaths of children under five years old. The number of malnourished children under five in the developing world rose from 168 million in 1975 to 184 million in 1990, but fell as a share of all developing-country children from 42 to 34 percent. Vitamin and mineral

deficiencies are less easily noticed, but they can severely retard the growth and mental development of children. The 1990 World Summit for Children pledged to halve malnutrition among children under five by the year 2000. Progress is uneven, but generally encouraging⁹.

UNDERLYING CAUSES:

Falling per capita food production (especially in the last ten years). Increasing share of surplus states and large farmers in food production, resulting in export of artificial surplus reducing availability of food grains. Increasing inequality, with marginal increase in the per capita expenditure of the population's economically poor. From their meager income, the poor are forced to spend more on medicines, education, transport, fuel, etc., which reduces the share of their expenditure on food. Poor access of the lower income population to expensive foods such as pulses, vegetables, oils, fruits, and meat products, which provide essential proteins, fats and micro nutrients. Low

⁹<http://www.freedomfromhunger.org>

status of women in Indian society, their early marriage, low weight at pregnancy and illiteracy leading to low weight of

new born babies. Poor children practices, such as not immediately cultivating the habit of regular breastfeeding afterbirth, irregular and insufficient complementary feeding afterwards and lack of disposal of child excreta. Poor supply of government services such as immunization, access to medical care, and lack of priority to primary health care in government programme

EFFECTS OF HUNGER:

➤ **HEALTH:**

Hunger and malnutrition makes the body weak and vulnerable to diseases and infections as the body does not have the fuel to build muscle and fight off infections. In children, this is deadly and many children die in hunger prone areas for this reason. Pregnant and malnourished mothers also deliver underweight babies, who struggle for survival. Children often have stunted growth as a result of malnutrition. One out of six children - roughly 100 million - in developing countries is underweight. Poor nutrition causes nearly half (45%) of deaths in children under five - 3.1 million children each year.

➤ **EDUCATION:**

Without proper foods the brain is not able to develop properly. Hunger also makes it difficult to concentrate on anything, especially for children. Children suffer this most, and are unable to stay in school. Hunger also keeps children away from school, as they have to walk for miles to do some farm work to make a living with their families. 66 million primary school-age children attend classes hungry across the developing world.

➤ **MIGRATION AND SOCIAL:**

Young adults who are able to migrate to nearby towns and cities end up in slums or run down communities, as they cannot afford the high living standards in the cities. Their low education level also makes them unsuitable for many decent paying city jobs. Many of them end up doing drugs, robbery, prostitution and other crimes to make a living.

number of parents in the workforce increases, more children are being left to fend for themselves for meals.

➤ **ECONOMY:**

Countries with lots of hunger tend to do poorly with the economy. This is because adults and young adults do not have the right frame of mind to work. They are constantly ill and work input and interest is very low. Fewer hands on farms also mean that there is not enough produce from the farming villages into the towns for consumption and further export. People live from hand to mouth with little to invest in the wider economy. Additionally, governments are forced to spend more on food aid and care, rather than investing in schools, infrastructure and healthcare.

IMPACT OF HUNGER ON CHILDREN

Children of all socioeconomic levels are at-risk for poor nutrition. Some children do not get enough to eat each day because their families lack money to buy sufficient food. Other children consume enough food but have diets high in fat, sugar, and sodium that put them at risk for obesity or heart disease and other chronic illnesses. Furthermore, as the

➤ **LOW BIRTHWEIGHT**

Overall fetal growth is significantly influenced by maternal nutrient intake. Birthweight, in turn, is strongly correlated with perinatal and infant mortality, with low birthweight heightening the risk of mortality. Low birthweight also has a long-term impact upon infant health and growth trajectories. Infants who are born small for gestational age remain shorter and lighter and have smaller head circumferences than their peers through early childhood. Low birthweight is associated with poor long-term outcomes in areas including:

➤ **ADULT HEIGHT:**

A 10% increase in birthweight results in between .5 and .75 cm increase in adult height¹⁰. Height is important as, in many cases, it is a proxy for social and health conditions early in life. Shorter stature correlates with shorter average lifespan, and it is believed that the underlying

¹⁰<http://www.clraindia.org>

cause for this correlation is poor early-life conditions, including inadequate nutrition and infection. Shorter adult stature also correlates with lower adult

socioeconomic status (SES) and education, which in turn influence earnings and type of employment. Infants who survive their initial hospitalization but die before their first birthday are the most expensive to treat. The cost-effectiveness of treatments varies by the infant's birthweight, with the heavier infants having the best chance of survival, needing the least intervention, and therefore costing the least.

Beyond general growth delay, maternal undernutrition has significant effects on specific physical systems in the developing fetus. Severe food insecurity late in the gestational period impairs fetal body, organ, and cellular growth. The adrenals, placenta, and liver are most affected by maternal undernutrition; women who begin their pregnancies underweight and experience low pregnancy weight gain tend to give birth to children with disproportionately low weights for some body organs and small adrenal and liver cells, the classic physiological picture of undernutrition.

➤ **PHYSICAL HEALTH:**

Hungry children suffer from two to four times as many individual health problems, such as unwanted weight loss,

fatigue, headaches, irritability, inability to concentrate and frequent colds, as low-income children whose families do not experience food shortages. The infant mortality rate is closely linked to inadequate quantity or quality in the diet of the infant's mother. Stunting (low height for age) in children also results from inadequate nutrition. Iron-deficiency anemia in children can lead to adverse health effects such as developmental and behavioral disturbances that can affect children's ability to learn to read or do mathematics, and increased susceptibility to lead poisoning. Anemia remains a significant health problem among low-income children¹¹.

➤ **CHILD DEVELOPMENT:**

Food insecurity puts children in jeopardy of developmental risk. Developmental risk is an uninterrupted existence of vulnerabilities that is characterized with the slow or unusual development of

¹¹Bassett, Thomas J., Winter-Nelson, Alex., The Atlas of World Hunger, University of Chicago Press, 2010.

children in areas such as speaking, behavior, and movement, which increases the likelihood of later problems with attention, learning, and social

interaction. Pregnancy women who are undernourished are more likely to have low-birthweight babies. These infants are more likely to suffer delays in their development and are more likely to have behavior and learning problems later in life.

➤ **School Readiness and Achievement:**

Children from food insecure households are more likely to struggle in their academic development. Food insecure children are more likely to be ill and absent from school. Food insecurity has a negative impact on children's ability to learn in school. School aged children who are food insecure cannot concentrate or do as well as others on the tasks they need to perform to learn the basics. Research indicated that low-income children who participate in the School Breakfast Program show an improvement in standardized test scores and a decrease in tardiness and absenteeism compared to low-income students who do not eat breakfast at school.

➤ **Behavior and Mental Health:**

Insecurity about whether a family

will be able to obtain enough food to avoid hunger, also has an emotional impact on children and their parents. Anxiety, negative

feelings about self-worth, and hostility towards the outside world can result from food insecurity. Food insecurity has also shown to be associated with suicide and depressive disorders among 15 to 16 year old children.

ANALYSIS OF MAJOR PROGRAMMES AND POLICY OPTIONS

Numerous government measures to overcome hunger and malnutrition include National Food Security Mission, National Nutrition Mission, National Policy On Farmers, National Horticulture Mission, National Mission on Pulses and Oilseeds, National Rural Livelihoods Mission, Mahatma Gandhi National Rural Employment Guarantee Act/Scheme, National Rural Health Mission Integrated Child Development Services (ICDS) for children below 06 years to provide nutrition and pre-school education, Mid Day Meal (MDM) for children of 06-14 years, Public Distribution System, Janani Suraksha Yojana (Mothers' Protection Scheme) for pregnant/lactating mothers and Social Assistance to the poor/needy (subsidised

foodgrains, pension, insurance, etc), besides the all-inclusive National Food Security Bill as mentioned earlier. Some of these critical measures are in the

‘mission mode’ to ensure their efficient and effective planning and implementation with missionary zeal, but still leave much to be done and desired as regards their effective implementation¹².

There are 1.1 million Angan Wadi Centres (AWCs) across the rural India, catering to the children of 03-06 years; these are going to be restructured to include children of 0-03 years and pregnant/lactating mothers as well, but as of now, are not functioning efficiently. Similar is the case with the MDM. Likewise, there are about 4,89,000 Fair Price Shops(FPSs) under the PDS to distribute subsidised food grains, sugar, kerosene oil, etc to the targeted poor households; but their functioning is ridden with huge leakage and corruption. States like Chhattisgarh and Tamil Nadu have set examples by revamping the PDS and ensuring its efficient, transparent, accountable and clean functioning¹³.

¹²India’s Undernourished Children: A Call For Reform And Action, World Bank Publications.

¹³Andersen, Per Pinstруп., Sandoe, Peter., Ethics, Hunger and Globalization: In Search of Appropriate Policies, Springer Science & Business Media, 2007.

However, there is a pressing demand from civil society and other like-minded individuals and institutions to retain, revamp and universalise the PDS. On the

other hand, there is another section of thought in government and outside it, pressing for winding up of the PDS and replacing it with cash assistance to the poor to enable them to buy food grains from the open market. There are also suggestions for switch over to coupons and smart and/or biometric cards to ensure efficiency and probity. It is, however, pertinent to mention that the Central government has adequate buffer stock of food grains procured from the farmers at minimum support prices announced in advance to feed the PDS. The above mentioned Bill also provides for revamped PDS. To make India hunger-free, the UPA-II government has promulgated an Ordinance to implement the National Food Security Bill (NFSB). The government claims that the Bill marks a shift from a welfare-based to a right-based approach. Yet the narrow definition of food security assumes that the individual is a passive recipient of a dole... and not a claimant of entitlement. The Bill suffers from the one-size-fits-all approach. Its predetermined entitlements seem to be based on the assumption that

the same level of hunger is prevailing across the country. This is contrary to reality. The selection of the target groups is central to the implementation of the

‘quasi-universal’ bill, but the stakeholders are clueless as to how to identify beneficiaries under the NFSB so that they could fit into the eligibility criteria for 67 per cent of the population and all hungry individuals could be covered. Moreover, the existing Public Distribution System (PDS) has been selected as the delivery mechanism. This is the most serious flaw. Institutional corruption is so deeply entrenched that mere revamp and reform can hardly make the system free from corruption.

The key issue is to make foodgrain available to the needy. The delivery mechanism should be left to the respective states. The presently centralised PDS needs to be de-centralised. Such a system rests on the principle of localised procurement, storage and distribution, and the involvement of local communities. would make it truly participatory. If the Bill is to be effective, the target groups will have to be identified and data collected on hunger and malnutrition.

CONCLUSION

Moreover, there is adequate recognition of the problem of poverty and hunger in the government at the highest level as

aptly reflected in the following excerpt from the Acceptance Speech delivered by the newly elected President of India immediately after his oath taking ceremony on 25th July 2012:

“Our national mission must continue to be what it was..... to eliminate the curse of poverty..... There is no humiliation more abusive than hunger..... We must lift those at the bottom so that poverty is erased from the dictionary of modern India”.

Internationally, MDGs also include eradication of poverty, hunger, malnutrition and gender inequalities. As mentioned earlier, alongside the government, CSOs, private sector, professional institutions, some of the international organisations and donors have also been making significant contribution to address the problem of hunger and malnutrition in India by advocacy as well as action.

There is a proverb that “a hungry man is an angry man”. It would be useful to recall Mahatma Gandhi’s statement ~ “There are people in the world so

hungry, that God cannot appear to them except in the form of bread.” The National Food Security Bill provides a chance to launch a frontal attack on endemic hunger and to realise the Mahatma’s wish that the “God of bread” should be present in every household. Thus hunger has a drastic impact on almost all aspects of life as a result they face many socio economic and political problems in the society.

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