

Childhood Hunger

Dimensions and Magnitude

A Conceptual Agenda

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In the beginning

In Kirahaipukhri village, Singhpur Panchayat, Majhgawan Block, Satna District of Madhya Pradesh, five children - Pramod, Reena (three years old), Ramdare (four years old), Mandakni (four years old), and Chrishna (two and half years old) - are found as malnourished. The village is predominantly occupied by Mawasi tribe composing of 42 households. All the families are landless but for seven families who have small scale-farmland in the nearby the forest.

Earlier, in the village alone, seven children reportedly died of malnutrition in 2008-09. However, the negligence of the administration authority for malnutrition and food insecurity is proved by the fact that neither were social security programmes properly implemented nor basic facilities for health care or safe drinking water were provided even after the death of the children. The apathy of the government creates more malnourished children who may confront the same fate of the deceased children.

It was further found that all the children under the age of six could not properly get immunization and supplementary food from the Anganwadi centre (AWC; Child care centre) as the centre was not available in the village. The fact finding team led by the NCPCR estimated that about 70 percent of the children below age of six were malnourished.

On 19 March, 2010, it was reported that Nanchu (16 months old) died of malnutrition in the village. Nanchu was identified as grade III malnutrition or Severely Acute Malnutrition. The child was refused treatment at the Nutritional Rehabilitation Centre (NRC) as the centre had no spare bed at that time. The child could not get any medical care and was even removed in the list of AWC after the report on the death. The relevant public servants allegedly attempted to avoid their responsibility for the death.

The absence of public health facilities and the neglect of health related public servants detracted its credibility resulting in that the poor villagers depend on the traditional healer or quack who used to visit the villagers and provide medicines and treatment.

The Mawasi tribe settled down in the village about 60 years ago. At present, there are more than 42 Mawasi families. According to the testimonies of the villagers, most of the villagers work in the farm land owned by either Thakur or Yadavs. Only seven Mawasi families have farmland in the forest area. Five to six Yadav and Thakur landlords occupy 7 and 20 acres respectively but it is alleged that Thakurs do not have title to land.

The existing caste-based discrimination and feudalism have been rooted in the economic structure of the village. Thakur and Yadov who are from upper caste allegedly occupied the land by paying bribes to the government official whereas Mawasi tribe could not afford to pay to get the land title when asked by the government officials about 10 years ago. Mawasi villagers who work in upper castes farmland, are paid merely 30 to 40 Rupees (USD 0.68-0.9) a day, which is far less than the minimum wage for agriculture — 114 Rupees (USD 2.6). Women are paid less than men. When Mawasi people made a complaint about low wage to the landlord, they were always told, "It is more than enough for you!"

The administration has been promoting the discrimination and exploitation instead of ensuring food security in the village. Particularly those who work in forest department have been practicing the discrimination and corruption against Mawasi tribe. The officials from time to time come to the village and destroy crops cultivated by Mawasi. All Mawasi villagers are under threat and women are verbally abused. Seven families filed a complaint against the forest department officials about threat and abuse against women on September 9 2010.

- Hunger Alert released by Asian Human Rights Commission (9 November 2010)

A. The definitional framework

Childhood Hunger is a tragedy of consequence that emerges out of the lack of access to sufficient amount of food in terms of quantity and nutritional quality faced at various stages of childhood, i.e. food and nutrition security in the maternal stage, exclusive breastfeeding after birth, and infant-young child feeding right up to the age of 18 years. There is an overwhelming need to focus on the realities of childhood hunger especially in the case of new born children and infants, as food insecurity at this stage (“Hunger in the First Year after Birth”) contributes to more than two-third of child deaths.

To quote from the British Concise Encyclopedia, this term refers to the *“condition resulting from inadequate diet or from inability to absorb or metabolize nutrients. Food intake may be insufficient to supply calories or protein or deficient in one or more essential vitamins or minerals. The latter case can lead to specific nutritional deficiency diseases (including beriberi, pellagra, rickets, and scurvy). Metabolic defects, especially of the digestive system, liver, kidneys, or red blood cells, prevent proper digestion, absorption, and metabolism of nutrients.”*

As a child cannot ensure her or his own right to food, the provision of adequate nutrition, starting from production, procurement, distribution, right up to intake, becomes the responsibility of the society and the state. We believe that political and policy neglect contributes to the emergence of a situation of malnutrition (materialized from chronic deficiency of food and nutrition), which further takes the shape of chronic hunger. When child needs are not respected, understood, and fulfilled in social, political, and economic structures, children become the worst sufferers of Hunger. It then becomes a matter of inhuman exclusion and the denial of a fundamental Right to Life.

The concerns on the present situation of childhood hunger should primarily be seen in the definitional context of Right to Food and Freedom from Hunger described by the relevant UN Conventions. In its General Comment 12, paragraph 6, the Covenant on Economic Social and Cultural Rights (CESCR) has clarified that “the right to adequate food is realized when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement.” This definition has been further developed by the UN Special Rapporteur on the Right to Food. According to the the Special Rapporteur, the right to food is “the right to have regular, permanent and unrestricted access, either directly or by means of financial purchases, to quantitatively and qualitatively adequate and sufficient food corresponding to the cultural traditions of the people to which the consumer belongs, and which ensure a physical and mental, individual and collective, fulfilling and dignified life free of fear.” According to CESCR Comment 12, paragraphs 8 & 13, the realization of the right to adequate food requires: the *availability* of food in sufficient quantity and quality; food *accessibility*, i.e. the ability of individuals and groups to gain access to adequate food, both economically and physically. This way of conceptualizing the normative content of the right to food builds on the concept of food security. Food security, as stated in the Rome Declaration on World Food Security (1996), is achieved “when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.”¹ It is in the context of these descriptions and definitions that we need to consider food security for children. An approach that is

child-centric, for which there is a critical need, should place all the above requirements and commitments in the context of children and their food security as paramount.

But Childhood Hunger is much more than these definitions!

B. Children; as Rights holder!

The primary question is do children have a right to food? Yes, of course! The prevailing levels of Hunger, in all its variations and myriad ramifications, represent a violation of provisions of fundamental rights recorded in the Constitution of India. The Supreme Court of India in a PIL (PUCL vs. Union of India and Others) has time and again established the fact that Food Security is integral to the Right to Life. According to Article 21 of the Constitution of India, the Right to Life is a Fundamental Right. It says *"No person shall be deprived of his life or personal liberty except according to procedure established by Law."*

Section 45 of the Constitution mandates that *"the state shall Endeavour to provide early childhood care and education for all children until they complete the age of six years"* while Section 47 mentions that *"the state shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and in particular, the state shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and drugs which are injurious to health."*

In the case of PUCL Vs Union of India and Others, the Supreme Court has made its stand amply clear – *"The anxiety of the Court is to see that the poor and destitute and the weaker sections of the society do not suffer from hunger and starvation. The prevention of the same is one of the prime responsibilities of the Government – whether Central or the State. How this is to be ensured would be a matter of policy which is best left to the Government. All that the court has to be satisfied and which it may have to ensure is that the food grains which are overflowing in the storage receptacles, especially of FCI godowns, and which are in abundance, should not be wasted by dumping into the sea or eaten by rats. Mere schemes without any implementation are of no use. What is important is that the food must reach hungry"*. The Apex Court in the same case has been instructing the Union of India for the Universalisation of Integrated Child Development Services (ICDS), one of the most crucial schemes implemented by the Government. It means every child under the age of Six Years is entitled to receive all 6 services under ICDS with quality. It also mentions that all habitations of the country must be covered by an ICDS Center.

In addition to the above, the present levels of Hunger symbolize a gross violation of several international declarations and charters that India is a signatory to.

C. Main international declarations and charters define children's right to food

Article 25 of the United Nations Universal Declaration of Human Rights (1948) says *"(1) everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services..."*



Furthermore, according to the Article 11 of United Nations Covenant on Economic Social and Cultural Rights (1976) mentions "1() the States Parties to the present Covenant recognize the *right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions.* (2) The States Parties to the present Covenant, recognizing the *fundamental right of everyone to be free from hunger...*".

These provisions are not the same for children; these must be seen and internalized in the milieu of special condition and needs of children, as the issue of extraordinary right to food and nutrition is the foundation for their survival, development and dignity.

Article 24 of United Nations Convention on the Rights of the Child (1989) clearly describes the children's right to nutrition. This Convention notes that "States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: (c) *To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water...*"

The Food and Agriculture Organisation, refers to the Convention on the Rights of the Child (CRC) that recognizes "the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development" (Article 21(1)). The CRC requires states to combat child malnutrition (Art. 24(2)(c)); and to "take appropriate measures" to assist parents in fulfilling their primary responsibility to implement children's right to an adequate standard of living, "particularly with regard to nutrition" (Art. 27(3))².

D. In need of a child centric approach

Food Insecurity is a major political concern today, but there is a propensity to ruin the concerns over Children's Food Insecurity existing today. When it comes to addressing the realities of food insecurity faced by millions of children in the nation, the dots do not connect. This divide has helped give birth and continued sustenance to generations of undernourished, with debilitating ramifications to our polity. *We, the people, have created for ourselves a system where majorities grow up with hunger, i.e. we have created a malnourished society. And, if we choose to continue neglecting chronic hunger, in particular that faced by children, and thereby prevent it from becoming the political issue that it needs to be, we will ensure that ever-increasing inequality and exploitation remains the "Indian way". This is a typical Indian Way, because when we state that our polity do not care for children, it means our society do so first, if system is apathetic, so our society is, because politics and systems are evolved only and only from the society and social fiber.*

It is in the nature of our political system to discount the frail and unproductive, such as children. This stems from our culture of insensitivity, something that has been further strengthened by the sway of a particular economic model over political and administrative consciousness across the spectrum. Children do not make governments, nor do they decide future policies that they will come to inhabit. Today, *we, who form governments, do not regard children as full-fledged citizens, despite them having a real and sizable stake in how we govern ourselves. Concomitantly, the prevailing economic*

system chosen by those elected to rule, has, in theory, an underlying suspicion, and, in practice, a complete disregard, for those it classifies as 'unproductive.' The economics of today, combined with our insensitivity, ensures a practiced belief that public funds should not be expended on children. What entails 'growth' for the chosen few is what is funded, officially and unofficially. Children are not even on the pecking order; after all, they do not contribute to growth, i.e. immediate growth. The short-sighted nature of our politics of power is laid bare in the context of the common-sense fact that we should be investing in our children, because they will be drivers of real future growth.

Felling a tree contributes to GDP. But, what about planting a tree? We should be allocating funds to conserving and replenishing our natural resources like forests, land, and water. But, we are after the real, the visible, and the immediate, and cutting and unmitigated extraction is what appears to bring money gushing into coffers. The myopic and dangerous measure that is GDP, and its centrality to discourse and justification of disastrous planning, can be evinced further: If you stay healthy, you are a non-contributor to GDP. When you fall sick and spend money on hospitals, medicines or investigations, then you contribute to national income. So this is how our national income goes up! The basic premise of GDP, the most bandied indicator, is one wherein savings and conservation of natural resources do not figure. Do crisis, insecurity, hunger and over-exploitation of resources really have to be the bedrock of our economic growth story?

Today we face the challenge of keeping our children alive with dignity. Half the women of our nation are anemic. Because of poverty and discrimination, their right to nutrition is inexorably violated. Because of lack of fundamental human rights to nutrition and health, not only their lives, but the very survival of their un-born children is jeopardized. It is an epic tragedy that every year some 77,000 women in our country die because of maternity related factors, especially complications in giving birth. A recent study shows that maternal mortality ushers infant mortality in 80 percent of such cases. In this context, the scourge of malnutrition becomes the very cause of a highly deficient life. According to a Lancet Study, a severely malnourished child suffers a very high probability of dying due to diarrhea, pneumonia, malaria, and measles: 9.7 times higher in case of deficient weight for age, 4.1 times higher in case of deficient height for age, and 9.4 times in case of deficient weight for height. These figures speak of the children that die. What about those millions of children in each of our successive generations that survive a starved childhood? Stunted, weak, prone to disease: what is the quality of adult life perpetuated by our neglect of child hunger?

E. Malnutrition, Hunger and Poverty – Politics of a life cycle

As per the Millennium Development Goals (MDG) we (state and civil society) have resolved that we will halve the extreme poverty by the year 2015, and eradicate extreme hunger from our planet. However while defining poverty and hunger, the state makes efforts to move forward by pushing issues of hunger and poverty under the carpet. According to Prof. Utsa Patnaik, 76 percent families in the country do not get enough food, meaning thereby that their required calorie intake remains unmet. Report of the Arjun Sengupta committee says that 83 crore people of our country somehow manage to survive on a measly sum of Rs 20 (0.44\$) or less per day. The moot point here is, where do our children feature in this grim scenario?



What is Poverty and who is poor? This question still remains unanswered. Mere debate of poverty can not resolve the issue of poverty estimations in India. While, on one hand, experts follow the calorie intake norms for rural and urban areas, they also decline to follow the same norms, while defining and estimating poverty. Although IMR (Infant Mortality Rate), Life Expectancy and Education are now considered as Human Development Indices (HDIs), but these indices still don't get the recognition as the indices of poverty. About 45 million children are caught up in child labour, while 90 million suffer from malnutrition. Every year, 1.4 million children below one year of age and 2.5 million children below five years of age perish. Our 250 million women are anemic, and yet, only 82.5 million families are 'officially' considered to be Below the Poverty Line (BPL). Why poverty is not estimated and defined in the context of children's status is a futile question. In the year 2007, World Health Organisation, UNICEF and World Food Programme released a joint statement saying:

"Severe acute malnutrition contributes to 1 million child deaths every year - Using existing studies of case fatality rates in several countries, WHO has extrapolated mortality rates of children suffering from severe acute malnutrition. The mortality rates listed in the table at right reflect a 5–20 times higher risk of death compared to well-nourished children. Severe acute malnutrition can be a direct cause of child death, or it can act as an indirect cause by dramatically increasing the case fatality rate in children suffering from such common childhood illnesses as diarrhoea and pneumonia. Current estimates suggest that about 1 million children die every year from severe acute malnutrition (WHO is currently estimating the global number of children suffering from severe acute malnutrition and the number of deaths associated with the condition)."

The Lancet paper series brings out some very alarming conclusions. It says:

"(1) Poor fetal growth or stunting in the first 2 years of life leads to irreversible damage, including shorter adult height, lower attained schooling, reduced adult income, and decreased offspring birth weight; (2) Children who are undernourished in the first 2 years of life and who put on weight rapidly later in childhood and in adolescence are at high risk of chronic diseases related to nutrition; (3) There is no evidence that rapid weight or length gain in the first 2 years of life increases the risk of chronic diseases, even in children with poor fetal growth; (4) Prevention of maternal and child under-nutrition is a long-term investment that will benefit the present generation and their children."

The economic growth of our country and growth in the level of chronic hunger both show a similar upward trend. A rather interesting development approach we follow!

A document of the World Bank begins with a question – Do you know that malnutrition is the gravest health problem in the world? Malnutrition leads to maximum deaths among children. Nutrition expert of World Bank, Ms. Meera Shekhar says that 60 percent of children who die of malaria, diarrhea or pneumonia could have been saved, if they were not malnourished.

Even whatever insignificant that is being done, is also tagged with certain qualifiers like: "we should make more such efforts as children are the future of our country, the citizens of tomorrow. Question is – "aren't children, the present? Aren't they citizens, as of today? In our society, and in our political milieu, citizens are those who could vote, and in the economic context, they are those who labour, do



job or trade. It is just here, at the very defining level, children are simply excluded from the spectrum of our national policies.

The only way out from this rigmarole for us is to turn the tables as far as the priorities of development are concerned; shift them from infrastructure development to human development, and thus shift them to a child-centric human development approach. By ignoring the issues of children, we are simply ignoring the process of social change and undermining the momentum of our transformation from an exploitative and caste based system to an equal & just society. Present situation of chronic hunger and socio-political exclusion makes them so vulnerable and incapable that neither would they turn out as healthy adults, nor as independent political entities. And then unequal political and economic system would always keep them trapped in the cycle of poverty and debt. In turn, they would never be able to challenge the education system that strengthens the very roots of an unscientific, communal, casteist discriminating society.

F. Focus on Infants is the key for survival

Early childhood i.e. first six years of child development is a very crucial period for child development. Children under six years of age need good nutrition and proper health care in order to meet their full potential of health, well being and capacity for the rest of their lives. It is biggest catastrophic situation that in India with huge proportion of malnourished children, merely 11.9 percent children under 6 years receives supplementary nutrition almost daily under ICDS. After birth, the child survival & the quality of life of the child depends upon the three conditions. All three conditions are significantly linked to the behavior & practices of breastfeeding of children. However, the government policies to encourage canned food through the state programs made a negative impact on the breastfeeding practices resulting in its further deprivations.

The very first hour after the birth is a very decisive period for a newborn, when it begins breathing in a natural environment. And it is a well established fact that the colostrums rich first milk of mother given in the first 60 minutes serves as a foundation for the child nutrition and provides essential antibodies to fight several diseases & infections. However it is the extremely sobering fact that still only 24.5 percent children in India are breastfed within first hour of birth as per NFHS-3 records. Due to lack of effective policies & rigid social behavior, the newborn remains deficient of their natural & the most fundamental right to nutrition. We should keep the fact in mind that half of the entire under five mortalities take place in the initial 28 days of life.

The early six months period is the second vital phase of child life which needs to be supplemented with the exclusive breastfeeding. If the child is weaned from exclusive breastfeeding in this period, the child becomes very prone to be caught by the deep roots and cycle of malnutrition. In India, we need to focus on challenges for changing the social behavior & cultural traditions regarding breastfeeding practices as still only 10 percent of children are exclusively breastfed in the early six months duration.

The third significant phase is the phase of 6-24 months which the supplementary feeding of the child is introduced. In some part of India, either breastfeeding is totally discontinued or the child is



still kept only of the breast milk. Both the behaviors are responsible for increased risk for causing malnutrition & causes irreversible damages among the children in this age.

The resistance & capacities to fight malnutrition can be development among the children through timely interventions to ensure child nutrition & food security. However in the lack of the political will & negligence on the part of policy framework for children under six years of age, these facts are being absolutely abandoned. Now it is the high time to bring up the issues of child nutrition in open forums for fruitful discussions.

Subject of nutrition is directly linked to the question of very arrival & survival of a child in this world – whether a child would be born healthy, and if born, would she get her due right to a healthy and dignified life, thereafter. Although the official definition of children includes all persons below the age of 18 years, but 85 to 90 percent deaths are registered under the age of 6 Years. The biggest reasons for this dismal scenario are lack of nutrition, inaccessibility of health services, diseases arising out of social discrimination et al. These are the very basic challenges to the life of a child, and for this he or she depends on society and the state. We are responsible for their life, and death. Our state is constitutionally bound to the duty of fulfillment and protection of its children's rights.

G. Keep both the eyes on Growth

Low birth weight becomes a fundamental cause of lifelong poor state of constitution, physical as well as mental. Lack of proper food & nutrition during pregnancy, exclusion, social discrimination and visible-invisible domestic violence - all these factors cause permanent damage to the overall status of children & their mothers. In such a scenario, age and gender become the weapons to trim down opportunities for their self-reliant development. Due to domestic violence with women, nervous system related ailments have increased within children. According to a report of the National Institute of Nutrition, most of the children with low birth weight came from poor families. One third of the children die owing to low birth weight related problems. The increasing impact of contagious diseases like tuberculosis among children owing to weakness is also well-established.

The situation of malnutrition bestows the cycle of misery through disability in the very initial years of life. Presently, the focus is on priority of better rehabilitation and securing rights for the disabled children. But if we want to prevent the cycle of disability right at the beginning, we would have to ensure nutrition security for women in family and create an atmosphere of nutrition security for children after identifying their special needs.

H. Malnutrition leads to Disability

The next question that emerges is, would our children get a life of dignity or would they be forced to live a life of myriad disabilities! While dealing with the tribulations of a disability, we forget to link it with malnutrition. Various micronutrient deficiencies cause conditions like muscular dystrophy and learning incapacities (such as dyslexia, dyscalculia etc.), lack of calcium causes weakness of bones, vitamin-A deficiency causes visual disability. The Lancet Paper Series mentions that



"... specific forms of mental illnesses are thought to be affected by adverse intrauterine experience, including maternal under-nutrition. Alterations in brain development, occurring sometimes in mid-gestation, can precipitate evolving malfunction that manifests in early adulthood. The neuro-developmental hypothesis is supported by significant changes in the size and structure of features of the brain in some adults diagnosed with schizophrenia. Other effects of prenatal under-nutrition, such as changes in arousal and sleep waves, are consistent with schizophrenia...". (Ref – The Lancet: Maternal and Child Under nutrition 2 - Maternal and child under-nutrition: Consequences for adult health and human capital)

Malnutrition not only leads to physical deprivation, it also impacts the social status of a human being. In such situation, while making practical policies, state would have to recognize that the situation of no-access to nutrition leads to impediment of mental and physical development of a person. In India, 26 percent of children weigh below 2.5 kg at birth and lack of nutrition (including breastfeeding) impacts the development of their mental structure negatively. Because of this, their ability to comprehend and learn (since childhood) does not increase. In such a situation, in the context of education of such children, issue of development through education becomes irrelevant because of lack of nutrition.

Disregard to children's right to nutrition and food security means sowing the seeds of disability for a child's entire life, violating their right to development, and forcing them to live a life of drudgery bereft of any dreams. The condition of malnutrition deprives children of the ability to concentrate on their learning, and weakens their analytical powers. They reach school with a delay of one to three years, and even then, they lag in learning because of their weak physical & mental constitution. They consistently fall behind in a fast moving competitive society, get excluded, and are then tagged as backward or primitive. And since scourge of hunger and starvation afflicts dalits, tribal communities and urban poor more, they get trapped in a vicious cycles of illiteracy & malnutrition; malnutrition disables attendance of school, which in turn deprives them socially & politically. According to several studies, caste-based and gender biases are the biggest roadblocks for the children of deprived sections, and malnutrition among these sections crafts an enabling environment for maintaining these exclusion factors all across the society.

The food security cycle of human being initiated with the very first breath of fetus itself. This indicates that the food security of the unborn child can be ensured only if the food security of the pregnant women is guaranteed timely. Ensuring food security of pregnant women & lactating mother is a must to maintain food security chain from the first to last breath. One must believe that change in attitude and behavior can save life of millions of infants by making breastfeeding and supervised feeding integral part of the social system.

I. It pushes them in a cycle of exclusion

The childhood hunger also reduces the potential of physical development in children to such an extent that they first lag behind in neighborhood sports or even in routine activities, and then fight a losing battle of livelihood. While determining the daily wages for labour in our country, the basis of work that could be done by a healthy person in seven hours is calculated. However, half the children in country have lost that capacity to work if calculated on the criteria decided for a healthy person, because of existing levels of malnutrition but when they reach adulthood they are expected to do a

labour equivalent to a healthy person. But this does not happen, and then it is said that tribal people are sluggish and cannot carry out the tasks set for the payment of minimum wages, and so they get partial wages.

Situation is much worse among the disadvantaged social groups like dalits and tribal due to various socio-political and economic reasons; malnutrition level is 16-22 percent higher in tribal communities in comparison to the empowered sections of the society. It has been established, time and again, that due to loss of control over the natural resources and new development policies, tribal communities suffer the most. Those who were once most secured, are now forced to live on empty stomachs because those fundamental rights to forests and natural resources have been taken away from their fold, which used to fulfill their nutritional needs and provided a security to their cultural food habits, as well. It is thus clear that if the tribal children are to be brought out of web of nutritional insecurity and cycle of hunger-deprivation-exclusion, actual rights to forests would have to be restored back to the tribal communities, and policies made for the eviction of tribal communities and other forest dwellers from their social habitations must be revoked with immediate effect. Also the so-called development leading to ruination of natural resources has to be stopped, only then would they get the necessary security of nutrition.

At present we are fighting our own government as well as the neo-liberal, capitalistic forces to obtain rights on our own resources back. But would the present day children living with hunger be able to stake to their claim on these resources, and if they do not get it, would they be able to survive? There is a strong sense of apprehension that by keeping the children starved and malnourished, base is being prepared for a slave and fragile society, which will have no vigor left for resistance to inequality and injustice.

The issue of offspring's food security is important, it is an innate part of the biological cycle, and has strong bearing on women's existence. We need to ensure that mothers should not be forced to teach their offspring – How to live with hunger, in any circumstances, as the first lessons of their lives. Starvation among children creates a section in the society, which is thrown out of the conventional system on the pretext of being a fragile and non-productive one. The needs for their (women's) development are denied, even in the context where they feed their children, and it is considered that since they only have to engage in recreation role of service provider or supporter, they can survive only on half the plate. The gender-dynamics of hunger keeps them on half stomachs, and their dependence on patriarchal system remains unchallenged!! Today's concept of progress is based on a person's competence and capabilities. But the web of chronic hunger would not allow our deprived, malnourished children to stand anywhere on the path of progress, which just demands pace and movement, wherein undernourished can not stand at all.

J. Education-Communication-Poverty and Disempowerment

Our society expects an explicit expression for hunger, but it does not understand the language of children at any stage of their childhood. They converse with their eyes, flail their hands and legs to demand and then cry, but those who are constant companions of hunger do not speak with eyes, are not able to flail their limbs – their eyes become vacant. Dying at the altar of hunger & starvation, they make us rue that we could not value their language, their very being.



Whenever causes and effects of low level of education among deprived social groups are analyzed, different judgments, not the arguments, are given for the tendency to drop out of school mid-way, by saying that these groups have no mores for education. Clearly, the ability of learning gets largely reduced owing to inferior quality of nutrition because of which children fall out of mainstream system of education and when they get out of system, they do not get any further opportunity for learning. It gets exacerbated when they are not taught in their own native language. In Madhya Pradesh, for example, Hindi is largely used as the language of communication, though it is not the mother tongue of Korku, Baiga, Gond or Bheel tribe Children. Because of this, they get stuck in the cycle of exclusion and face sustained problems of unemployment and insecurity of food and livelihood. This insecurity further pushes them in the rigmarole of Exclusion-Poverty-Malnutrition-Exclusions-Acute Poverty. As for the commitment of government, for the 16 percent populace of children below six years of age, only one scheme – Integrated Child Development Scheme is functioning and only one percent of total budget is spent on it. Maximum attention is paid to policy of providing treatment to children in case of disease or malnutrition, once they become malnourished or poor. There is clear lack of thought about preventing them from getting into the vicious cycle of malnutrition.

K. Displaced from the issue of Displacement

We, as civil society organizations, have been advocating for convergent actions, mutual coordination and comprehensive approach to the issues of Children's food insecurity within the state structure, for their dignified survival. Whereas, these very children are kept out of all our development planning, and their right to participation is violated on a regular basis. Among the displaced populace (more than 60 million people have been displaced in the name of development in India since independence), 44 percent are below the age of 18 years, and 16 percent below the age of six years. The biggest impact of violation of rights owing to displacement is on the children who are not even given space to express their emotional turmoil. Development-induced displacement is not only depriving them of their cultural identity, but is also divesting them of their natural resource-based style of livelihood. As a result, they no more remain in a position to maintain, or even get any knowledge about their own forests, hills, valleys, herbs and medicinal plants and their environment. If their own knowledge-base is destroyed, their very identity faces extinction. The level of malnutrition and fatality rates among the displacement-affected children is found to be comparatively higher. They lose buoyancy, their self-confidence plummets and their strength to concentrate dwindles. Total displaced population in country is estimated to be about six crores, which means that about one crore of them are under six years of age, while 2.5 crore are below 18 years of age. There are some very special needs of such children which must be protected, but they have not been discussed or are given any space for participation! It's a political denial of their fundamental rights. The trend of distress migration arising out of dearth is not leaving any option for them. Now the situation is so dreadful that many families are forced to migrate with children of age of two to three months and go to areas where there is no protection, no health services, and their rudimentary food security is dependent on the petty contractors, who consider breastfeeding by women as wastage of productive time. As a result, hungry childhood grows amongst the stones and concrete. They start growing in an insecure, perilous and non-protected environment; they have to take on the injustice, right from their infancy, for their very survival.



L. Urbanization also contributes

Urbanization has been adopted as one of the cornerstones of development. But in our big cities more than 40 percent of our populace resides in slums or in those small one-room structures that have been constructed as a part of Jawaharlal Nehru Urban Renewal Mission. Even then, a good half of these urban slum settlements are deprived of basic amenities as they are identified as illegal slums. There are no *anganwadis*, no provisions made for water and sanitation; they are forced to live in unhygienic conditions. More than half the children of these settlements suffer malnutrition and are ailing. In such circumstances, they are forced to collect polythene, do construction labour or work at *dhabas*, small hotels, or residences, to fill up their stomachs. You can find them on open fields or roads collecting leftovers of the middle class, and middle class, in exchange, throws an eye of neglect and slur on these children. They are considered to be criminals by birth, because they have migrated from village or born in slums, are dressed in dirty outfits.

M. Challenges from market forces

We are facing a challenging state of affairs in present milieu of starvation and malnutrition. On one hand is threat to life, on other hand market and profit-driven forces are trying to get benefit out of this peril. It is repeatedly tried to establish that universalized distribution of factory-produced food by multinational companies is better compared to locally produced food and nutrition. Whereas, it is the well established fact that any home based system is the best and sustainable solution, because it gives opportunity to use locally available, locally produced and gives space to culturally acceptable food behavior. In fact, the large companies want to control natural and community resources of production, so that the needs of society could be utilized for profit making. Government also joins their bandwagon by purchasing factory-produced nutritious products and feed the women and children in *anganwadi* centers, in order to make unholy profits out of public coffers. In other words, taxes and duties paid by the general public become a source of profiteering for these unscrupulous market forces.

N. No targeted approach will work

In entire world, the two biggest state-run food security programme for children – the Integrated Child Development Services (ICDS) and the Mid Day Meal (MDM) scheme – are being implemented only in India, but unaccountability, corruption, neglect, social exclusion and the attitude of considering the issues of children as secondary has caused the food insecurity for children to become more deep-rooted. Owing to the poor allocation of a measly sum of Rs four per child per day, lack of quality and lack of comprehensive vision has in a way ensured that the extensive programmes like Integrated Child Development Scheme could not stand the challenge of malnutrition in country in last 35 years, and it remains at the very level, where it was 10 years back.

Since last 35 years, in contrast to Recommended Dietary Allowance (RDA), children below the age of six years are getting on an average 500 to 1000 calorie less every day from their routine diet, which means they are living with incidences of chronic hunger every moment, but the national nutrition programme (Integrated Child Development Scheme) makes a provision of merely 300 calorie supplementary nutrition per day, and that too only for 300 days in year. We never questioned the

norms and standards on which these provisions were made!! Why is it so that the policy makers made such a big mistake in devising the nutrition program that actually must have been based on actual and specific needs of children?

Malnutrition can not be treated by providing limited supplementary nutrition; treatment of fundamental causes is very basic for changing the scenario. One must be aware that if we start tackling stunting today with a comprehensive approach, it will take 35 years to register the sustainable change; in a sense one full generation will have to wait to see the transformation. Again The Lancet Paper Series clarifies that

“The effect of under-nutrition spans at least three generations, as suggested by the small but significant association between grandmother’s height and birth weight of children born to women from the five cohorts. Because of their fairly small magnitude, intergenerational effects do not preclude achievement of progress by acting only on the present generation”.
(Ref – The Lancet: Maternal and Child Under-nutrition 2 - Maternal and child under-nutrition: consequences for adult health and human capital)

O. The solution lies in the community

Malnutrition is not a typical health problem, being intimately connected with food security at the family, community and state levels. Children have basic needs, which they express in their own typical way. This debilitating condition begins to manifest itself when we either ignore these needs because we are unable to understand them, or fail to recognize them in the first place. Or the cycle of malnutrition gets under way when the family is not in a position to fulfill these needs.

We are talking here about nutrition, a full stomach, which is the basic need to be fulfilled. Children are malnourished when they do not get proper nourishment for long periods of time. Their physical growth is stunted and their body’s ability to fight disease is seriously compromised. As a result, they repeatedly fall ill and become increasingly weak, aggravating the problem of malnourishment further.

This cycle of poverty, deprivation and malnutrition, once set in motion, can only be confronted and broken by protecting children, looking after them and providing them nutritious food. Experience tells us that such childcare and nutrition is best organized at the community level.

Experience also tells us that it isn’t necessary to admit every child who is a victim of malnutrition to a hospital, or look to drugs for a cure. That’s because there are different grades of malnutrition that develop over a period of time. The three basic grades are mild, moderate or intermediate, and severe or advanced malnutrition.

In the beginning and intermediate stages the problem can be addressed with positive outcomes by organizing better nutrition and care in the home itself. It is only in cases of victims of severe malnutrition, where the possibility of death is very real, that more concerted efforts are needed. But even here, 85% of such cases can be addressed at the community level itself without referring them for admission to a hospital or nutrition rehabilitation centre.



It is only in 15% of cases of severe malnutrition that critical care is required because the condition is complicated by deficiency disorders, oedematous swelling or other illnesses. You can identify such critical cases by pressing the toes of the children with your thumb. If a depression forms, they need to be taken to the hospital or nutrition rehabilitation centre. Similarly, they need to be admitted if they are suffering from infections, diarrhea or pneumonia.

When formulating guidelines for malnutrition, there should be clarity on which children require care and protection at what stage of the disease. Every child's growth and development should be carefully observed and tracked. This is essential because it is easier to take steps to combat the disease if the symptoms are recognized well in time.

The problem is that anganwadis do not keep track of the weights of children, or register them wrongly if they do. This situation needs to be rectified as a first step. Secondly, malnourished children should be provided adequate nutrition. Community experts believe that foodstuffs available at the family and community level (such as maize, jaggery, groundnut, eggs, milk, bananas, pulses, etc) can guarantee a nutritious diet that not only ensures that children are redeemed from the cycle of malnutrition but do not fall prey to the disease again.

It's as simple as that. The battle against malnutrition can be fought at the community level itself with locally available foodstuffs. But what we need to do is identify those special cases of children who are in need of protection and care.

P. Matter relates to Women

It is a nightmare, one in every two women are anemic. They face multi-faced and multi aspect vilace at every stage of Life. They live with discrimination across all parts of life cycle; in birth, survival, education, livelihood, health and food, celebration and disease, entertainment and opportunities and so on. Simone de-Beauvoir writes that one of the greatest contradictions of marriage is that it doesn't hold out the promise of comfort or happiness for a woman. Rather, it deforms and cripples her. That's the leit motif of her life.

The first 20 years of a woman's existence are especially important for her. She looks at the world and understands her fate. When she is 20, she becomes mistress of a household. A permanent relationship is established with some man. A child plays in her lap. When she reaches this stage in her life it's as if nothing else remains. She is praised for her sacrifice and devotion, but caring and worrying about two persons appears meaningless to her. To forget the self is worthy but the question is for whom and why?

This picture of 'woman' is the same in every community and province. It doesn't change. She eats what's left over after everyone else has eaten. Nutrition isn't important. What's important is that she ensures that leftover or stale food isn't wasted. The social and familial environment she lives in lays down the blueprint for her grief-stricken future.



The absence of nutrition, security, entertainment and freedom is fertile ground for a life steeped in sickness. In old age she is defense-less.

The cost of delay – a life

Every pregnant woman lives in the shadow of maternal death. When we look into the reasons we find three kinds of delay or tardiness that take them to the precipice of death.

The first delay is in deciding. The pregnant woman finds herself trapped in a web where she is pressurized by societal and familial values and expectations. She instinctively accepts her painful burden. But even when the pain becomes unbearable she doesn't have the freedom to express her feelings. It is the family that always decides, no matter what, and it is societal attitudes that are the chief concern of the family.

Both society and family very often do not understand that the woman's life is endangered if her labour pain extends for more than 12 hours. There is also the problem of poverty and lack of support. The consequence of these combined factors is that the decision to take her to the health centre for a safe delivery tends to get delayed.

The second delay is in reaching the health centre. When the family eventually decides to take the pregnant woman to the health centre, it is confronted with the second cause for delay – lack of transport and road connectivity to the centre. Around 55% to 70% of villages in Madhya Pradesh are still unconnected to roads, with the nearest health centre being at least 25km away on average. Reaching it means traversing rugged, bumpy paths that prove torturous for a pregnant woman. Poverty aggravates the problem of access to transport.

The third delay is in accessing quality health facilities. Even after overcoming these difficulties to reach the hospital or health centre the pregnant woman has to face the bitterest reality - ill treatment, insensitivity, corruption, the absence of doctors and medicines and unhygienic conditions. These are the hallmarks of government hospitals. If nothing else, the least one could expect is proper behaviour from the hospital staff.

Last but not the least, Challenges for women's food security have been fabricated by the society to maintain the patriarchal character of the social fabric. And this insecurity ultimately becomes the issue of survival for women first and then for child.

O. Some concluding remarks

Currently, a lot is being discussed about the *Inclusive Approach to Development*. Interestingly this Inclusive Approach is being defined and formulated again by those, who control the system in the State as well as in the Society. They also influence the power relations to preserve their own control at different levels from the strategic perspectives of Gender, Caste, Class, and Religion and furthermore Age. In a sense, the very exclusivists have been given this responsibility for administrating and directing this so-called Inclusion Approach. They will continue to have full space to show off their superiority over the marginalized and excluded, and the class divide will continue as

ever. The present format of inclusion keeps the basic reason of ailment out, and puts exclusion forth as the remedy. Our policymakers and scholars tend to treat any problem only symptomatically, while obliterating the fundamental and structural causes? Children are our natural assets, and in a way, full citizens. Understanding their special needs for survival and dignified development, behaving according to it and fulfilling the needs are constitutional responsibilities of the state and ensuring this is the responsibility of our society. The real challenge is to start reaching out & hearing our children. They must be brought in our audible range.

If the actual problem of malnutrition in India is analyzed, it becomes clear that out of the 2.4 million child deaths in the country (considering the child mortality rate of 74 per 1000 live births), malnutrition is the underlying cause of 1.2 million deaths. These children could have been saved earlier, and still they could be saved. For this, we need to make a political, economic and emotional pledge. Only nutritious food and institution based approach would not help in elimination of chronic hunger, for that we would have to re-define the very idea of development, and policies thereof.

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