

# HUNGER AND POVERTY: A CAUSE OF CRIME

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## ABSTRACT

With the passage of time the question of “Right to health” has emerged as one of the most discussed issues at Domestic and International level<sup>1</sup>. Various laws and policies have been enacted time and again to protect children’s “Right to health” by the central and state government but the rise in malnutrition cases and mortality rates is the most important issue prevailing all across the globe in the contemporary times. The paper analyses The Right to Adequate Health from International and constitutional perspective referring to the idea of welfare state. Additionally, it analyses the Outcomes of Food insecurity leading to crime in children and adolescents. Further provides 2 case studies which show how poverty and hunger became a reason for delinquent behaviour in child. At last, it provides an analysis of Poshan Abhiyan Scheme and UK Food Security Report of 2022.

**Keywords:** Adequate Health, Nutrition, Implementation, Policy, Juveniles

## **HYPOTHESIS**

The following hypothesis has been put forward in relation to crime cause and policies

1. That hunger and poverty lead to crime
2. That the policies non effective implementation makes the investment futile
3. That the states while framing policies fail to critically analyse its overall impact, regulations and implementations which lead to failure of welfare legislation.

## **METHODOLOGY**

The research method used in the article is the doctrinal one. The author firstly identified the problem and then looked for the data in different reports and studies . secondly The author referred to journals, newspaper articles to understand various dimensions attached with the problem to understand it in broader perspective and lastly the readings . the author discussed her findings and observations in the present article.

## **INTRODUCTION**

“Right to Adequate Health” is the inherent basic “Human Right” of every individual. The general idea behind adequate health revolves around right to survive which implies survival that is free of all preventable sufferings. “The Declaration of Human Rights” incorporate and promote “The Right to Adequate Health” “as a basic “Human Right” in “Article 25” which provides that “Right to Adequate Health” includes “Right to food, medical care, etc” and it also tends to create 2 fold obligations on the state, i.e.,”

1. “To take necessary actions to secure the right to adequate health of its citizens.
2. To frame such policies that recognize food, health care and etc as pre-requisites of Right to Health.”

The violation of this “Right to Adequate Health [ includes both physical and mental health] leads to rise in the mortality rates of children under 5 years of age arising out of preventable suffering due to malnutrition.”

“Malnutrition is the imbalance of essential nutrients which lead to deficiency or excess in the individual’s intake of food as a source of energy.” So a person who falls under the ambit of malnutrition can fall in one or more of the below listed categories:

- Under-nutrition
- Macro-nutrient related malnutrition
- Micro-nutrient related malnutrition

“According to WHO fact sheets, in 2020 it was observed that

- “149 million children below 5 years of the age were estimated to be stunted”,
- “45 million were undernourished and thin,”
- further “38.9 million were suffering from obesity”.
- It was observed that 45% of the children below 5 died due to under-nutrition<sup>ii</sup>.

There can be various reasons that make malnutrition common in children below 5 years of age. Some of the reasons are listed below

1. “Malnutrition as a result of persistent under-nutrition leading to frequent illness
2. Due to poor socioeconomic conditions affecting the growth and development of the child
3. Poor maternal health and nutrition leading to ill-suited feeding and improper early childcare<sup>iii</sup>
4. Due to imbalance of macro-nutrients and micro-nutrients
5. No or Less interest in physical activities

“According to the National Family Health Survey -4 conducted “by the International Institute for Population Sciences under the supervision of Ministry of Health and Family Welfare it is” evident from the reports and it can be clearly ascertained that

- “Approximately 36% children below the age of 5 years are underweight”,
- “38.4% are stunted and “
- “21 % are undernourished and stunted “.
- Further it was observed that
- approximately 60% of the children below 5 years of the age were suffering from anaemia.

The Data of “National Family Health Survey [2019-2021]” manifests that

- “The cases of anaemia further spiked in children below 5 years of the age from 60% [2015-2016] to 67% ,
- 35% of children below 5 were stunted children and
- 32.1% children below 5 were underweight .”<sup>iv</sup>

The central government took various initiatives to reduce the child mortality rates arising out of increased cases of malnutrition. “The initiatives like formulation of Integrated Child Development Services, Mid-day meal schemes, PDS ,etc” the state failed to reduce the persisting high level of malnutrition in the country. One such initiative is the “POSHAN Abhiyan, 2018 which is a multi-ministerial convergence mission which aims to make India malnutrition free by 2022.”

The scheme is the outcome of the “Atmanirbhar Bharat” a foundation step working on self-reliance and “sustainable development goals to ensure good nutrition and health care to women and children”. All the states and union territories tried to implement the scheme with the target to reduce stunting, under-nutrition, anaemia cases in targeted audience.

“According the “Global Nutrition Report of 2021” India failed to take effective measures to reduce the rates of malnutrition in children. It was observed that 17% of the children in India below 5 years of age are undernourished”.

## **THE RIGHT TO ADEQUATE FOOD FROM INTERNATIONAL AND CONSTITUTIONAL PERSPECTIVE**

“The Universal Declaration on Human Rights” under “Article 25” provides that every human has “right to adequate health” and well being which includes food, health-care. It supports the idea of liberty which ensures the “right to security” during sickness, lack of livelihood in situations beyond individual’s control. This creates obligation on the state to take necessary initiatives to ensure its citizens “adequate health and livelihood”. This article further states that the mother and the child cannot be denied “special care and assistance so that motherhood and childhood can be preserved.”

“The International Covenant on Economic, Social and Cultural Rights” gives due recognition to “Right to adequate food” and also tried to define the same. “Article 11[2]” of the “covenant” provides that every human has right to adequate food and live a life free from hunger.<sup>vi</sup>”

“Indian constitution” makers gave weightage to the concept of “Welfare State” which means that state must create policies on the “principles of equitable wealth distribution and equality of opportunity”. The main idea is that the citizens are governed by the constitution which is the supreme law. It is the duty of state to ensure “fundamental rights to its citizens”. The laws and policies must be such that it always reflects the protection and promotion of social and economic well-being of its citizens. So, the welfare of citizens is the responsibility of the state. The constitution makers gave due recognition to the “UDHR” and tried their best to imbibe the “Article 25 of UDHR” in the best possible manner in the preamble, fundamental rights and directive principles of state policies. “The Indian constitution” gives implicit recognition to “Right to Health” in the preamble by incorporating socialism which tries to reduce the gap between the rich and the poor. The policies of state must be such that its eradicates the poverty in the best possible manner by ensuring availability and accessibility of food to its citizens. “Socialism” manifests the idea that the state must take such initiatives so as to facilitate “adequate nutrition” with the aim to make India free from all preventable sufferings which includes hunger, malnutrition, etc.

Additionally, the “Right to live with dignity recognizes Right to Food [as a right which can’t be severed from Article 21 of the constitution]”. “Right to food” is an implicit right and falls under the ambit of “Article 21 of the constitution” which provides for “Right to Life and

Personal Liberty”. “Article 21” recognised “right to food” as essential part of “right to life.” The apex court clearly stated that that preamble manifests the basic “principles of the constitution”. The word “socialism” in the preamble means that every human has “Right to have freedom from hunger” and it should be given equal weightage as the “Right to life gets under “Article 21” of the “Indian constitution”. The basic presumption here is that “Right to Health” ensures “purpose and meaning to life so it needs to be protected”.

“Article 32” of “the constitution” is the heart and soul of “the constitution” as it gives right to every citizen to move to court for the violation of fundamental rights. so “Article 21” can be enforced under “Article 32.” Hence the “Right to food” can be legally enforced and its infringement can be challenged before the court.

Further there are various duties that the government owes one such duty is to come up with the policies and laws that gives due recognition to the complementary and crucial “principles of the constitution i.e, the DPSP’s”. There is a bunch of articles which emphasize on the ‘Right to Food’ as a crucial right. Some of the articles are as follows: -

“Article 37”:- deals with the application of “DPSP’s” . It clearly provides that the “DPSP’s” are not enforceable in the court but they hold a substantial weightage when it comes to policy making as India is a welfare state where the state comes up with the policies which recognize “equality of opportunity and equity” as its governing principles.”<sup>vii</sup>

“Article 39[e]”:- state should come up with the policies to prevent the “abuse of health and strength of men, women and children” . further “article 39[f]” provides that “the children should be given equality of opportunity” as a facet of “socialism” so that they can develop in a healthy manner and in such circumstances where the “freedom and dignity of child” gets secured and his best interest can prevail “by getting protection from any sort of exploitation”<sup>viii</sup>.”

“Article 41”:-” it provides that it is duty of state” “to take effective measure to provide public assistance to the elderly, sick, disabled, infirms who need help”. So “such assistance includes health care and medical facilities.”<sup>ix</sup>

“Article 47”:- the state must “adapt such policies which ensure and promote level of nutrition and living conditions of its citizens.” Majorly “this provision creates an obligation on state to maintain the standard mortality rates .”<sup>x</sup>

For example:- “The mid-day meal schemes , the public distribution system are the initiatives” taken under “article 47” aimed “to provide access to food to its citizens so this is one approach where we can see that how a state tries to ensure right to food Further we can say a nation derives its strength from its people.” If people in nation lack strength due to preventive sufferings, then the idea of welfare state fails. The very recent pandemic of “COVID-19” led to rise in mortality rates due to lack of food supply and health care facilities in India. Every person has “right to enjoy” “the highest standard of health” but due to lack of effective policies or improper implementation of policies the basic “Human Right” gets infringed.

## **OUTCOMES OF FOOD INSECURITY LEADING TO CRIME IN CHILDREN AND ADOLESCENTS**

“According to David Hume’ a human has cognitive ability to understand things through his knowledge he derived through his experiences. Whenever we talk about crime, we cannot deny the fact that with every cause there exists an outcome and the act/ omission lies in between the cause and effect. We need to deal with the cause itself so that crime rates can be reduced. “The idea is that hunger and poverty give rise to food insecurity as lack of financial resources reduces your capacity to access food which further give rise to antisocial behaviour in children and adolescents”. “Hunger and poverty reduce a person’s learning capacity, physical and mental development. The adulthood the child becomes violent due to lack of impulsive control and mental health issues arising out of poor development and growth of the child. The child develops thoughts of suicide due to mood disorders “.

A person can behave violently due to dementia which is outcome of food insecurity

“Toni Morrison” in her book “The Bluest Eye”. “The author writes in her book about a father who raped his own daughter in drunk state and the daughter gets impregnated at a small age. This act of the father shows that how alcohol became a way to do acts that he could not do in your conscious mind. The Behavioural tendencies change due to poverty.”<sup>xi</sup>

One aspect can be that “lack of nutritious food becomes a cause of child violence”. “The child violence in itself is an epidemic disease where we can see instances of children killing other

children due to anxiety that arises out of non-availability of drugs which in itself can be an outcome of lack of proper mental and physical development of the child.

When we talk about sentencing too, we include both aggravated and mitigating circumstances. one of the mitigating circumstances behind crime commission is improper health”

One can argue that insanity is the outcome of irritation. “The Canadian study on food insecurity provides that.”

- “that some or the members in the family spends an entire day without eating food because they fail to access and afford the food”.
- “The data in cases of disabled comes out to be 5 times of the normal people”.
- “Depression, irritation can result into insanity.”

“The children indulge in shop lifting and become food scavengers. It was also found that the children even ate tissue paper to fend of the hunger, The children indulge in selling drugs in exchange of food.”<sup>xii</sup>

## CASE STUDIES

### 1. **Amardeep Sada:** [8 yrs]

- “The youngest serial killer in India who killed his two siblings and his neighbour’s child. He was a sadist by birth and enjoyed hurting and harming others. No one, in general, can believe that such a small kid can commit a heinous act of murder. “
- “Modus Operandi: Sada told police, without any hesitation, that he killed the baby and his sisters in a deserted field by using a brick as a crime weapon. He used to hide dead bodies under a pile of dry grass and leaves. There was no fear in his mind and he happily confessed how he murdered the three kids. “
- “He was sent to a juvenile justice home for reformation and was given medical therapy, treatment and counselling to change his mindset. He was kept in solitary confinement in juvenile justice homes for ten years and was under continuous observation by a psychologist. He hailed from a poor family and did not had proper access to food as his parents could not afford good food. the lack of mental development made child aggressive and made him patient of mental disorder. “

- “A series titled “Crime route” (episode 3 is on Amardeep Sada’s case).<sup>8</sup> Sada, who was eight years old, is not only India’s youngest serial killer but he is the youngest serial killer in the world.”
- “Section 82” of “IPC” “gives absolute immunity to children below 7 years of the age , so he committed 2 murders below 7 yr of the age so he got immunity against such act”.
- “Section 83” of “IPC” gives qualified immunity to children. “It considers whether the child was able to understand the nature and consequences of the acts committed by him. between 7-12 years of age, But the 3<sup>rd</sup> murder child committed was was the age of 8 , seeing the nature act he was kept on solitary confinement”
- “The child here got defence under section 84 on the point that the child at the time of commission of offence was insane and was not capable of knowing nature of the act, even though he acted contrary to law considering him child in conflict of law the juvenile board tries the case taking into consideration of child friendly atmosphere”<sup>xiii</sup>

## 2. **Mary Bell:[ 11yrs]**

- The girl killed a 4 yr old boy by strangling his body to death. She declared the same on a paper and left the paper on the place of crime. The police officer did not give any attention to such paper thinking that a child won’t do such act.
- But this gave encouragement to the girl and the girl committed another murder after 2 months and again left the note on the place of crime. But this time she was arrested by the police. She was awarded imprisonment for 12 years.
- It was observed that Mary was born in poor family and did not get parental care and adequate food which led to non-development of her mental health.
- We can see the state penalizes the perpetrator but sometimes the state fails to address the circumstances which led to such crime commission. So the better approach is to adopt such policies which can address the issue of poverty and hunger. the policies should ensure adequate healthcare, food and, nutrition to the child and adolescents.

So we can state that the sentencing and punishment of child varies with adult because still there is a lacking when it comes to parameters to ascertain the understanding of the child.<sup>xiv</sup>

## **ANALYSIS OF “POSHAN ABHIYAN SCHEME” and “UK FOOD SECURITY REPORT OF 2022”**

### **A] “POSHAN Abhiyan”**

also known as “National Nutrition Mission” is a “multi ministerial convergence mission under flagship of the government of India”. “The policy identified 112 districts having high % of malnutrition for the first phase”. The initiative is “to set up various Poshan Vatikas I.e, nutri-gardens with backyard poultry and fishery units in the Anganwadi centres all across the country”. The “Anganwadi centres worked in collaboration and coordination with the central and state government”

#### **“Convergence through:**

1. coordination between department of social welfare and health and family welfare
2. drinking water and sanitation
3. rural and urban development by improving Anganwadi service delivery
4. food and other concerned departments and etc

**Scope and extent of application:** all states and union territories

**Date of Launch:** 8<sup>th</sup> June ,2018

**Operating period:** 3 years (2018-2021]

**Ministry involved:** Ministry of Women and Child Development, Ministry of Ayush , Ministry of Health and Family Welfare, Ministry of Education under the aegis of early childhood care and education within National Education Policy and Government of India

**Category targeted:** children[ 0-6 years] , adolescent girls and women

**Budget:** 9046 crores

**Slogan:** Jan Andolan”

**Aims and objectives:**

- “To provide convergence mechanism for the country’s response to malnutrition with various programmes I.e, Anganwadi Services, Janani Suraksha Yojana, Public Distribution System, etc.
- To make India malnutrition free by 2022.

**Targets and goals:**

- “To achieve a reduction in stunting from 38.4% to 25% by 2022 Reduce stunting, under-nutrition, low birth weight by 2% annually [ 0-6 years]
- Reduce anaemia by 3% annually [ 0-6 years/ 15-49 years]
- To raise nutrition level in children, adolescent girls, pregnant women and lactating mothers”

***Key pillars of development of services for the vulnerable people:***

1. “Technology ICDS computer application software to monitor girls’ education, early childcare, eating habits, optimal breast feeding. It also tried to bridge the gap between the average daily intake and recommended Dietary Allowance.
2. Convergence action planning which is inclusive of all the nutrition related schemes of the Ministry of Women and Child Development
3. Behavioural change communication [a strategy to promote knowledge, norms, beliefs and behaviours].
4. Capacity building to upgrade the infrastructure of Anganwadi Centres and transform them into healthcare centres for efficient supply of organically home-grown fruits, vegetables, etc”.

**Execution of policy: [ convergence how made]**

- *“At National level:* - the national council on nutrition was set up under the scheme which was headed by the vice chairman of NITI Aayog. Second is the executive committee under the leadership of the secretary, ministry of women and child development. Both the

committees have aligned partners, ministers and the identified states and districts as representatives. the committees shall meet once in every 3 months and work in collaboration and further submit a progress report to the prime minister in every 6 months.

- *At State level:* - The Convergence Action Plan Committees at state, district and block level was set up under the scheme in each and every state. The Committee is headed by the chief secretaries at the state level. The members [Swasth Bharat Preraks] are bound to check the progress , should identify gaps and introduce effective interventions as a catalyst for fast tracking the implementation whenever required based on the targets set under the scheme. The committees shall meet once in each quarter.”

***Key developments and initiatives:***

- In 2021 “POSHAN 2.0” was launched by “the Finance Minister” to address any other lacuna to prevent backsliding of the “POSHAN Abhiyan”. The main focus was on resource building and distribution. The complementary initiative tried its best to collaborate various services and initiatives so that effective implementation of scheme can be seen all across India.
- “POSHAN Gyan Portal “:- It was launched by “NITI Aayog” in collaboration with “centre for social behaviour change [Ashoka University]” and “Melinda Gate Foundation”. It is digital repository initiative to provide necessary information in relation to 14 thematic areas related to health and nutrition in various languages, target audiences, etc. It is sourced by the “MoWCD and MoHFW “.
- “POSHAN Tracker Mobile Application: a technology set up to monitor and regulate the service delivery for the beneficiaries including pregnant women, lactating women and children below 6 years of age. It is developed by MoWCD
- “Pilot programme” under mission “POSHAN 2.0: It is developed by MOA and union government” with the aim to set up a strong nutrition and health system by creating effective mechanism “to protect and promote health and nutrition” to prevent malnutrition in the targeted audience.

- “Tackling malnutrition during covid-19: during covid 19 the Anganwadi Centres provided food and ration at the doorsteps to the beneficiaries . Due to rise in migrant workers during covid the number of beneficiaries increased .”<sup>xv</sup>

“India took 4,500 crore loan from world bank and other organizations for bringing the scheme into application. The other substantial amount was shared between the centre and state. The funds were distributed all across India but it was not efficiently utilized by the states”<sup>xxvi</sup>

### ***POSHAN Abhiyan Scheme in Punjab***

Punjab failed to implement the policy effectively as it lagged behind when it comes to utilization of funds efficiently amid covid-19 . Hence, it failed to achieve the aims set during the formulation of “POSHAN Abhiyan.”

It secured last place when it comes to implementation score amongst the large states across India. “The 4<sup>th</sup> performance report of the year 2019-2020 tried to examine the success and failure in extent of implementation of policy in different states and Union Territories during covid-19.”

### **Stats**

- “Punjab scored 65/100 gaps in initiatives to address the lacuna existing when it comes to improvement in health and nutrition measures in the targeted audience.
- Rate of Child immunisation: was very low
- % of funds utilized: 22%
- % of central government funds utilized: 0.46% [ 30.88 lakhs/ 6909.84 lakhs was utilized]
- % of non functional sub centres: 23 %
- % of non functional community health centres: 12%
- % of children suffering from nutrient deficiency: on an average 59%
- % of women registered for ANC in 1<sup>ST</sup> trimester: 7%
- % of Women taking 4 and more Antenatal care check-ups [ANS]: Less than 25%
- % of women, Children taking IFA Coverage: 55% and 9.6%

- % of take home ration supply: pregnant women [78%], lactating women[ 76%] and children[65%]”<sup>xvii</sup>

### ***Reasons behind failure of the scheme in Punjab***

1. “It had the 4<sup>th</sup> lowest fund utilization because it failed to distribute mobile phones and growth monitoring devices.
2. It failed to fulfil the positions of consultant, joint coordinator and project associates required for the effective implementation of the scheme.
3. Approximately 85% of the funds get utilized into buying monitoring technology for monitoring the health and parameters of the targeted audience.”

NOTE: The “Punjab Government” focused more on technology for monitoring health but when you target an entire population of the state you need proper administrative set up which it lacked as it failed to fill the positions of the associates in the convergence action plan commission. So, it lacked the authority required to implement the policy . It did not approach the grassroot field workers to reach its population at large.

### ***POSHAN Abhiyan in Maharashtra:***

Maharashtra topped in overall implementation of POSHAN Abhiyan as it became successful in utilizing funds effectively to a greater extent amid “COVID 19” . Thus, it became successful in Implementing the formulated scheme

“It secured 1<sup>st</sup> position when it comes to Implementation score amongst the large states across India.”

Stats:-

- “Maharashtra scored 85 /100 gaps in initiatives to promote health and nutrition in children and women.
- Rate of Child Immunisation: was very high
- % of funds utilizes: 55%
- % of central government fund utilized: 57% approx
- % of non functional sub centres: above 50 %( 10688 total)

- % of non functional community health centres: 100%
- % of children having nutrient deficiency: 50%
- % of women registered for ANC in 1<sup>st</sup> Trimester: 63.8% (tribal women)
- % of women taking 4 and more ANC: 94% approx
- % of women taking IFA Coverage: 94% and 7.9%
- Take home ration supply: outsourced to Mahila Sansthas for effective management”

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***Reasons behind success of the scheme in Maharashtra:***

- Proper monitoring of the scheme along with proper utilization of funds.
- Successful appointment of members for effective implementation of scheme.
- “Effective digital platform for communication to convey awareness in terms of health and nutrition.”

NOTE: The “Government of Maharashtra” tried to focus on the grassroot level workers involved in social sector, Sansthas, etc. The approach was to take proactive measures and at the same time to identify the field workers so that the implementation of the policy can take place at a faster pace. The government tried to create a digital platform to deliver the message to the people about the importance of healthcare and essential nutrition. It tried to identify the gaps that are existing when it comes to promotion of nutrition to women and children which helped it to determine the required measures to be adopted for better governance. The authorities played a proactive role to identify and cover all aspects of health and nutrition which helped the government to spend the allocated fund wisely. The expenses on different requirements were distributed accordingly. There existed coordination between the authorities involved and the local population which played an effective role in policy implementation.

***UK Food Security Report of 2022***

As per the Food Foundation Data of 2022

- 7.3% households experienced food insecurity in July 2021
- 8.8% households experienced food insecurity in January 2021
- It was observed that some or the other member in the family spends an entire day without eating food because they fail to access and afford the food.

- The data in cases of disabled comes out to be 5 times of the normal people.<sup>xix</sup>

### ***How the government responded?***

The UK government tried to create more and more food banks So that every person residing in its territory can have easy access to food. Initially in 2010 UK had very few food banks [ below100], but it increased to 1000 in 2020-2021.

### ***Problem?***

The food sold by the food banks was not nutritious as non-perishable food items lack nutrition which led to rise in cases of obesity.

-So though the policy was effective in terms of food supply but it failed to provide nutritious food to its people.

The policy failed because non supply of nutritious food make the child behaviour deviant.”

## **CONCLUSIONS AND SUGGESTIONS**

Every policy relating to health tries to ensure physical and mental well being of a person . The state governments have competency to make laws related to public health and the government shall play proactive role at all levels to ensure effective implementation of the policy . “The field functionaries must be involved so as to formulate structured, time bound and location specific strategies with due consideration effects of the socioeconomic factors so that the work can be done at grassroot level”. Whenever it comes to implementation of the policy the government must invest funds after making an analysis of the entire problem from various aspects interlinked with the subject matter of the policy.

So broader analysis can make us think in wider context. It is often found that the children indulge in deviant behaviour due to lack of impulsive control arising out of food insecurity. This behaviour of children often led to child indulging in criminal acts. This analysis helps us to decide the segregation of funds into various issues revolving around the the “Right to Health” as it includes “Adequate food with good nutrition, food is the essential part of life” . So whenever policy revolves around the subject matter of public health the investment on

healthcare, medicines, technology, food, hygiene, sanitation etc become the essentials of “right to adequate health” so to meet the essentials the investment must be divided efficiently. India needs to come up with better resource distribution , fund allocation and technology advancement whereas UK performed well in terms of fund allocation but if needs to ensure that only distributing the food does not solve the problem. The development of mind of a person cannot take place without nutritive food. So, food policies need to focus not only on food but also on nutrition of the food.

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